STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DESCRIPTION OF WELL AND LEASE Well No. Pool Name. Including Formation State. Federal or Fee USA Lease No.	Operator							So S No	
It change in Ownership Casinghead Gas Condensate Well Name If change of ownership give name and address of previous owner E1 Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499 If change of ownership give name and address of previous owner E1 Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499 Lease Name Well No. Pool Name, Including Formation Kind of Lease USA Lease No. Barrett LS 4 A Blanco—MV State Federal or Fee USA Control of State Federal or Fee USA Control of State Federal or Fee USA Control of State Federal or Fee SF O78336—8 Location Unit Latter P 1105 Feet From The S Line and 1175 Feet From The E Line of Section 20 Township 31N Range 9W NAPM. San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authoritied Transporter of Oil C or Condensate X Conoco Inc. Surface Transportation P.O. Box 460, Hobbs, NM 88240 Name of Authoritied Transporter of Calainghead Gas or Dry Gas X Address (for waddress to which approved copy of this form is to be sent) E1 Paso Natural Gas P.O. Box 460, Hobbs, NM 88240 Name of Authoritied Transporter of Calainghead Gas or Dry Gas X Address (for waddress to which approved copy of this form is to be sent) E1 Paso Natural Gas P.O. Box 4990, Farmington, NM 87499 If well production is comminged with that from any other lease or pool, give comminging order number NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE United the review certify that the rules and regulations of the Oil Consensation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. Separation of the form must be developed the developed rules and recompleted with and that the information given is true and complete to the best of my knowledge and belief. APPROVED Separation of the form must be accordance with RULE 110. All actions of this form must	Tenneco Oil Company	G P WR	MD						\$ _
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Form C-104 Revised 10-01-78 Format 06-01-83

Choke Size	Casing Pressure (Shut-in)	(ni-tunk) Pressaure (Shut-in)	Testing Method (pilot, back pr.)
		100, 10, 115,107	אינוממו דוטען. 1631 יוווטר וע
Gravity of Condensate	Bbis, Condensate/MMCF	Length of Test	GAS WELL Actual Prod. Test - MCFID
Gas - MCF	Water - Bbls.	OII - Bbis.	Actual Prod. During Test
Сһоке Ѕіze	Casing Pressure	Pressure	Length of Test
	Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Date First New Oil Run To Tanks
oil and must be equal to or exceed top allowable for th	depth or be for full 24 hours)		V. TEST DATA AND REQUEST FO
q 10) digentific dot pocono 10 of Jenzo od 1311 2 poc fio	beel to emilion later to represent to the extreme to the		
SPCKS CEMENT	T3S HTq3C	CASING & TUBING SIZE	HOFE SIZE
	И СЕМЕИТІИВ ВЕСОВО	TUBING, CASING, AI	
Depth Casing Shoe			Perforations
Tubing Depth	Top Oil/Gas Pay	Name of Producing Formation	Elevations (DF, RKB, RT, GR, etc.)
.0.7.8.9	Total Depth	Date Compl. Ready to Prod.	Date Spudded
		(x)	Designate Type of Completion
Plug Back Same Res'v Diff. Res. v	New Well Workover Deepen	Oil Well Gas Well	
Plug Back Same Resy. Diff R	New Well ! Workover I Deenen	llaw ass i llaw iiO i	IV. COMPLETION DATA
Completely use			