STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECE	IVED	
DISTRIBUTION		
SANTA FE		_
FILE		
U.S.G.S.		
LAND OFFICE		
	OIL	
TRANSPORTER	GAS	
OPERATOR		
PRORATION OFFICE		

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

AUTHOR	IZATION TO TRANSI	PORT OIL AND NATURAL GAS OF S
l.		MEGE.
Operator		
Tenneco Oil Company L & P WKMD		SEPONE OIL AND NATURAL GAS SEPONE SEP
Address	0155	Other (Please explain) Other (Please explain) Other (Please explain)
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well Change in Transporter of:		DIST DIL
Recompletion Oil	Dry Gas	-/. 3 · V.
Change in Ownership Casinghead Gas	Condensate	Well Name
If change of ownership give name El Paso Nat	ural Gas, P.O.	Box 4990, Farmington, NM 87499
and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No.	Pool Name, Including Forma	
Barrett LS 1 A	Blanco-MV	State, Federal or Fee SF 078336—
Location	1	
C 1150	N	1020 W
Unit Letter :	Feet From The	Line and Feet From The
Line of Section 19 Township	31N	Range 9W NMPM, San Juan County
Elife of Society		Trange , Firm III, Octany
III. DESIGNATION OF TRANSPORTER OF OIL AI	ND NATURAL GAS	
Name of Authorized Transporter of Oil or Condensate X	15 11/11/51/51/2 (5/10	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation	on	P. O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas 🗆 or Dry Gas 🗒		Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas		P. O. Box 4990, Farmington, NM 87499
Unit Sec.	Twp. Rge.	Is gas actually connected? When
If well produces oil or liquids,	31N 9W	Yes
give location of tanks.		
If this production is commingled with that from any other lease or pool, g	ive commingling order number	
NOTE: Complete Parts IV and V on reverse side	if necessary.	
·	•	
VI. CERTIFICATE OF COMPLIANCE		oil conservation division p 0 6 1985
I hereby certify that the rules and regulations of the Oil Conservation	Division have been complied	APPROVED SEP 0 0 1303
with and that the information given is true and complete to the best	· ·	5 170
•		BY Dranker.
		A Dipopular pierpier in
Sid Mikinney		TITLE U SUPERVISOR DISTRICT # 1
Suo Traming		This form is to be filed in compliance with RULE 1104.
(Signature)		If this is a request for allowable for a newly drilled or deepened well, this form must be accom
Sr. Regulatory Analyst		panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
SEP (Tite) 1895		All sections of this form must be filled out completely for allowable on new and recompleted walls
3EF 1 1500		Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter or other such change of condition.
(Date)		Separate Forms C-104 must be filed for each pool in multiply completed wells.

Designate Type of Completion	· ~	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.'v	
Designate Type of Completion	1 — (X)	i		1	•	į	į	į		
Date Spudded	Date Compl.	Date Compl. Ready to Prod.		Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth					
Perforations							Depth Casing Shoe			
		TUBING	, CASING, A	ND CEMENT	ING RECORD)				
HOLE SIZE (CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
										
-								·····		
/. TEST DATA AND REQUEST	FOR ALLOW	ABLE OIL W	/ELL		after recovery of to or full 24 hours)	otal volume of lo	ad oil and must be e	equal to or exceed	top allowable for th	
Date First New Oil Run To Tanks	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure		Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water · Bbls.			Gas - MCF			
GAS WELL										
Actual Prod. Test - MCF/ID	Length of Te	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Press	ssure (Shut-in)		Casing Pres	sure (Shut-in)		Choke Size	1.1.		
	1			1				•		

Comment Services