

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator
Tenneco Oil Company

Address
P.O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

*SF-078336-B

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barrett	Well No. 10	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. *
Location Unit Letter <u>X</u> <u>0</u> : <u>1105'</u> Feet From The <u>South</u> Line and <u>1735'</u> Feet From The <u>East</u>				
Line of Section <u>20</u> Township <u>31N</u> Range <u>9W</u> NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1429, Bloomfield, NM 87413			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87401			
If well produces oil or liquids, give location of tanks. Unit: <u>N</u> Sec: <u>20</u> Twp: <u>31N</u> Rge: <u>9W</u>	Is gas actually connected? No	When WOPL		

If this production is commingled with that from any other lease or pool, give commingling order number _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

David Hiatt (Signature)
Sr. Admin. Analyst (Title)
1/13/87 (Date)

OIL CONSERVATION DIVISION
APPROVED _____
BY Original Signed by FRANK T. CHAVEZ
TITLE _____
SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	X	New Well	X	Workover	Deepen	Plug Back	Same Rev.	Dft. Rev.
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Date Spudded	11/15/87	Date Compt. Ready to Prod.	12/17/87	Total Depth	3260'	P.S.T.D.	3184'
Elevations (D.F., R.K.B., RT, GR, etc.)	6273' GL	Name of Producing Formation	Pictured Cliffs	Top Oil/Gas Pay	2997'	Tubing Depth	3260'
Perforations	3082' - 3143' 2 JSPP	TUBING, CASING, AND CEMENTING RECORD					

HOLE SIZE	8 5/8"	CASING & TUBING SIZE	32#	DEPTH SET	257'	SACKS CEMENT	200sx (236ft ³) CLASS B
	4 1/2"		10.5#		3260'		60sx 65/35/6 + 100sx
			2 3/8		2997'		CLASS B 1st stage 500sx
							65/35 2nd stage 50sx CLASS

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
		Gas - MCF			

GAS WELL

Actual Prod. Test - MCF/D	3467	Length of Test	3 hrs	Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, back pr.)	AOE = 5257	Tubing Pressure (Shut-in)	679 psig	Casing Pressure (Shut-in)	418 psig	Choke Size	3/4"