

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 29 1988
OIL CON. DIV.
DIST. 3

I.

Operator Tenneco Oil Company	
Address P.O. Box 3249 Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gartner LS	Well No. -5B-5A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080597
Location				
Unit Letter <u>L</u> : <u>1005</u> Feet From The <u>west</u> Line and <u>1620'</u> Feet From The <u>south</u>				
Line of Section <u>27</u> Township <u>30N</u> Range <u>8W</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"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P.O. Box 4990 Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>27</u>
	Twp. <u>30N</u>	Rge. <u>8W</u>
	Is gas actually connected? <u>no</u>	When <u>WOPL</u>

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.

S.D. Chik
Sandra D. Chik (Signature)
Staff Administrative Analyst (Title)
8/31/88 (Date)

SEP 21 1988
OIL CONSERVATION DIVISION
APPROVED [Signature], 19_____
BY SUPERVISION DISTRICT #3
TITLE _____

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 Res.v.		Diff. Res.v.					

Date Spudded	7/28/88	Date Compl. Ready to Prod.	8/14/88	Total Depth	5595'	P.B.T.D.	5551'
Elevations (D.F., RKB, RT, GR, etc.)	6144 GR, 6156 KB	Name of Producing Formation	Mesaverde	Top Oil/Gas Pay	4512'	Tubing Depth	5230'
Perforations	4512-5412	TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
12-1/2"	9-5/8"	263'	230 cu. ft.	8-3/4"	7"	3274'	650 cu. ft.
6-1/4"	4-1/2"	5505'	395 cu. ft.	3-7/8"	2-3/8"	5230'	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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	Gas - MCF	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			

GAS WELL

Actual Prod. Test - MCF/D	2378	Length of Test	24 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	AOF = 15224	Tubing Pressure (Shut-in)	430 psi	Casing Pressure (Shut-in)	430 psi
				Choke Size	3/4"