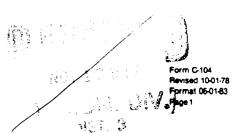
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECE	VED		
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	Oir		
TRANSPORTER	GAS		
OPERATOR			
PRORATION OFFICE			

OIL CONSERVATION DIVISION P.O. BOX 2068 SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND

PRORATION OFFICE AUT	HORIZATION TO TRANSPORT OF	L AND NATURAL GAS
l		
Operator		
Tenneco Oil Company		
Address		
P.O. Box 3249, Englewood, Col	orado 80155	
Reason(s) for filling (Check proper box)		Other (Please explain)
New Well Change in Transporter of		
Recompletion Oil	Dry Gas	
Change in Ownership Casinghead Gas	Condensate	
If change of ownership give name and address of previous owner		·····
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well		Kind of Lease No. State, Federal or Fee
Barnes 19	Blanco, Pictured C	liffs
Location Unit Letter A : 1165	FeetFromTheNorth	Line and 1125 Feet From The East
Line of Section 26 Township	32N Range	11W . NMPM. San Juan County
III DECIONATION OF TRANSPORTER OF O	IL AND MATURAL GAS	
III. DESIGNATION OF TRANSPORTER OF O	Address	Give address to which approved copy of this form is to be sent)
Giant Refining	Box	256, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas or Dry		Give address to which approved copy of this form is to be sent)
El Paso Natural Gas		Box 990 Farmington, New Mexico 87401
If well produces oit or liquids		tually connected? When
give location of tanks.	26 32N 11W	No.
If this production is commingled with that from any other lease or	pool, give commingling order number	<u>, , , , , , , , , , , , , , , , , , , </u>
NOTE: Complete Parts IV and V on reverse	side if necessary.	
VI. CERTIFICATE OF COMPLIANCE		OVED OIL CONSERVATION DIVISION 1 2 1987
I hereby certify that the rules and regulations of the Oil Conser- with and that the information given is true and complete to the	vation Division have been complied APPRI	LL. CHARLES GHOLSON
with and their the information given is the and complete to the	BY	Original Signed by CHARLES GHULSONS DEPUTY OIL & GAS INSPECTOR, DIST. #3
	TITLE	DELOTT OF CLASS HELL TO A

Mike M Tredie 14 Consular Re-Issued Administrative Analyst 11/6/87 August 26, 1987

(Date)

If this is a request for allowable for a newly drilled or deepened well, this form must be accom-

panied 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 walls.

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	COM	IPI F	TION	DATA

		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.'v	
Designate Type of Completion — (X)			Х	X	-		į	1		
Date Spudded	Date Compl.	Ready to Prod.		Total Depth	<u> </u>		P.B.T.D.			
06/24/87	08/01/87		3316'		3:	3300'				
Elevations (DF, RKB, RT, GR, etc.)				Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
6358' G R	Blanco,	, Pictured	d Cliffs	3130'	-3180'		N/A			
Perforations	. L			*	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Depth Casing	Shoe		
3130-3180' - 100 He	oles						3316	5 '		
		TUBING,	CASING, AN	D CEMENTIN	NG RECORD)				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		NT			
8 3/4"	7"			243'		80 ft ³ Class H w/additi				
6 1/4"		3 1/2"			3316'				v/additive	
							cubic	feet 177	ft ³ Class	
							w/addi	tives		

v. TEST DATA AND REQUES	T 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 to 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		
Actual Prod. During Test	Oil · Bois.	Water - Bbls.	Gas - MCF		

C	4	: 1	٨/١	=11	

GAS WELL				
Actual Prod Test MCF/D Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate	
1028	3 Hours			
Testing Method (pilot, back pr.)	Tubing Presssure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
AOP	N/A	442 PSIG	3/4	