

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 06 1985

I. Operator Tenneco Oil Company - ~~WRMD~~

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

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain) OIL CON. DIV. <u>Well name</u> DIST. 2
☐ Recompletion	☐ Oil	
☒ Change in Ownership	☐ Casinghead Gas ☒ Condensate	

If change of ownership give name and address of previous owner El Paso Natural Gas Company, P. O. Box 4990, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hubbard LS</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>FEE</u>
Location				
Unit Letter <u>J</u>	<u>1845</u> Feet From The <u>South</u> Line and <u>1690</u> Feet From The <u>East</u>			
Line of Section <u>30</u>	Township <u>32N</u>	Range <u>11W</u>	<u>NMPM,</u>	<u>San Juan</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Conoco Inc. Surface Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 460, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>J 30 32N 11W</u>	<u>Yes</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.

Scott McKinnis
(Signature)

Sr. Regulatory Analyst

(Title)

SEP 1 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED

SEP 06 1985

BY

SUPERVISOR 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 Sections I, II, III, and VI for changes of owner, well name 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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.				
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		Tubing Depth		Depth Casing Shoe					
Elevations (D.F., RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		Performances							
TUBING, CASING, AND CEMENTING RECORD															
HOLE SIZE				CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			

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

GAS WELL

Actual Prod. Test-MCF/D		Length of Test		Bbia. Condensate/MACF		Gravity of Condensate		Testing Method (Pilot, back pr.)		Tubing Pressure (Shot-1m)		Casing Pressure (Shot-1m)		Choke Size	
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