STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION	Γ	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	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 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PRORATION OFFICE		UTHOR	RIZATION TO	O TRANS	PORT OIL AND NAT	TURAL GAS	
1.						Electric April	
Tenneco Oil Company E. C. P. William						A GOLDE	
Address P. O. Box 3249, En	glewood,	CO 80	0155			SEP 06 1985	U
Reason(s) for filling (Check proper box	()			7.00	Other (Please	e explain)	
New Well C	hange in Transport	er of:				OIL CON. DIV	,
Recompletion	Oil		Dry	Gas		hier a	•
Hecompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate			Well	Name DIST. 3			
If change of ownership give name and address of previous owner		o Natu	ural Gas	, P.O.	Box 4990, Far	mington, NM 87499	
II. DESCRIPTION OF WELL							
Lease Name Moore LS		Well No.	Pool Name, In	•	ation	Kind of Lease State, Federal or Fee	Lease No.
Location		э н	Blanco	V		SF	078147
Unit LetterE	:2000	<i></i>	Feet From Th	eN	Line and	800 W	
Line of Section 24	Town	ship	32N		Range 12W	NMPM San Juan	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate X Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas Or Dry Gas TX El Paso Natural Gas				Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When	
give location of tanks.	E	24	32N	12W	Yes		
If this production is commingled with tha	t from any other leas	e or pool, g	ive commingling	order numbe	T		
NOTE: Complete Parts IV a	nd V on revers	se side i	if necessary	y.			-
VI. CERTIFICATE OF COMF						OIL CONSERVATION DIVISION	0 0 6 1085
I hereby certify that the rules and regula with and that the information given is t	itions of the Oil Cor rue and complete t	servation [the best o	Division have be of my knowledg	en complied e and belief.	APPROVED	30	- , 1 ₉ 0 , 1303
4					BY	Janes Janes	
Sett Millian			TITLE SUPERVISOR DISTRICT #				
Gr. Regulatory Analyst			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.				
(Title)				All sections of this form must be filled out completely for allowable on new and recompleted walls.			
SEP (Date) 1985				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.			
0	(Datē)	-			Separate Forms C-104	must be filed for each pool in multiply completed w	rells.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2 Choke Size

Gas - MCF

Gravity of Condensate

əziŞ	Сроке	Casing Pressure	Pressure	Lengih of Test		
	(ˈɔɹə́ ˈɪˌɪ/	Producing Method (Flow, pump, gas		Date First New Oil Bun To Tanks		
Gest must be siter recovery of total volume of load oil and must be equal to or exceed top allowable for this setting.						
DEPTH SET SACKS CEMENT		CASING & TUBING SIZE	HOLE SIZE			
TUBING, CASING, AND CEMENTING RECORD						
eoff? gnizs.	Деріћ			Perforations		
Depth	Buiqn <u>1</u>	Top Oil/Gas Pay	Name of Producing Formation	Elevations (DF. RKB, RT, GR, etc.)		
	D.T.8.9	Total Depth	Date Compl. Ready to Prod.	Date Spudded		
:k Same Res'v. i Diff. Res.'v	eg find i nedee)	Norkover I	Oil Well Gas Well (X)	Designate Type of Completion —		
				IV. COMPLETION DATA		

Casing Pressure (Shut-in)

Bbis. Condensate/MMCF

Water - Bbis.

Actual Prod. Test - MCF/D

Testing Method (pilot, back pt.)

Tubing Pressure (Shut-in)

Oil - Bbis.

GAS WELL

Actual Prod. During Test