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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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O. C. C.
ARTESIA, OFFICE

I.

Operator: Tenneco Oil Company ✓

Address: Box 1031, Midland, Texas

Reason(s) for filing *(Check proper box)*

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ]   Dry Gas [ ]
Casinghead Gas [ ]   Condensate [ ]

Other *(Please explain)*

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Duncan Federal	1	Undesignated *Lusk Strawn*	State, Federal or Fee **Federal**

Location

Unit Letter __A__ ; __760__ Feet From The __north__ Line and __990__ Feet From The __east__

Line of Section __27__ , Township __19-S__ Range __31-E__ , NMPM, __Eddy__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X]   or Condensate [ ]

The Permian Corporation

Address *(Give address to which approved copy of this form is to be sent)*
Box 3119, Midland, Texas

Name of Authorized Transporter of Casinghead Gas [ ]   or Dry Gas [ ]

Gas is being vented-will be connected when pipeline is available

Address *(Give address to which approved copy of this form is to be sent)*

	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	A	27	19-S	31-E	No	

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

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-20-65	4-22-65	11410	11335

Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Undesignated *Lusk Strawn*	Strawn	11294	11325

Perforations			Depth Casing Shoe
11296 - 11304	W/4 BPF		11409

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13 3/8	697	650
11	8 5/8	3947	400
7 7/8	4½	11409	175

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
4-22-65	4-22-65	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	600	Packer	20/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
400	400	0	818

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)*	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

J. F. Carnes
J. F. Carnes
(Signature)

District Production Foreman
(Title)

April 23, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _APR 2 6 1965_ , 19 ___

BY _M L Armstrong_

TITLE _OIL AND GAS INSPECTOR_

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 Sections I, II, III, and VI only 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.