

| | |
|------------------------|--------------|
| NO. OF COPIES RECEIVED | 5 |
| DISTRIBUTION | |
| SANTA FE | 1 |
| FILE | 1- |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 GAS |
| OPERATOR | |
| PRORATION OFFICE | 1 |

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

RECEIVED

MAR 22 1965

| | | | |
|--|---|-------------------------------------|--|
| Operator Tenneco Oil Company ✓ | | D. C. C. ARTESIA, OFFICE | |
| Address Box 1031, Midland, Texas | | | |
| Reason(s) for filing (check proper box) | | Other (Please explain) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | | |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> | Dry Gas <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> | |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|--|----------------------|--|---|
| Lease Name Barton Federal | Well No. 2 | Pool Name, including Formation Undesignated Lusk | Kind of Lease State, Federal or Fee Federal |
| Location Strawn | | | |
| Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East | | | |
| Line of Section 22 , Township 19-S Range 31-E , NMPM, Eddy County | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | |
|--|---|---------------------|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| Vented | | | |
| If well produces oil or liquids, give location of tanks. | Unit P | Sec. 22 | Twp. 19-S |
| | | Rge. 31-E | Is gas actually connected? No |
| | | | When |

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

V. COMPLETION DATA

| | | | | | | | | |
|--|--|----------------------------------|--|----------|---------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 2-1-65 | Date Compl. Ready to Prod. 3-18-65 | Total Depth 11,378 | P.B.T.D. 11,346 | | | | | |
| Pool Undesignated | Name of Producing Formation Strawn | Top Oil/Gas Pay 11,308 | Tubing Depth 11,338 | | | | | |
| Perforations 11,312 - 11,322 w/4 SPF | | | Depth Casing Shoe 11,377 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | | SACKS CEMENT | | | |
| 17 1/4 | 13 3/8" | 708 | | | 650 sx | | | |
| 11 | 8 5/8" | 3964 | | | 400 sx | | | |
| 7 7/8 | 4 1/2" | 11377 | | | 325 sx | | | |
| | 2 3/8" | 11338 | | | | | | |

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 3-18-65 | Date of Test 3-18-65 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 | Tubing Pressure 1325 | Casing Pressure Packer | Choke Size 16/64" |
| Actual Prod. During Test 396 | Oil-Bbls. 358 | Water-Bbls. 38 BAW | Gas-MCF 664 |

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. J. Carnes
(Signature) **J.F. Carnes**
District Production Foreman
(Title)

March 19, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 22 1965**, 19
BY McArmstrong
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.