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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	1
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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

Operator Tenneco Oil Company	
Address Box 1031, Midland, Texas	
Reason(s) for filing (check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

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JAN 22 1965

O. C. C.
ARTEBIA, OFFICE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sweeney - Federal	Well No. 1	Pool Name, including Formation Undesignated Lusk Strawn	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter M	660	Feet From The South	Line and 760
Line of Section 13		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)	
The Permian Corporation	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)	
Gas pipeline not yet available		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 24
	Twp. 19-S	Rge. 31-E
	Is gas actually connected?	When
	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 12-13-64	Date Compl. Ready to Prod. 1-19-65		Total Depth 11,472		F.B.T.D.			
Pool Undesignated	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,350		Tubing Depth 11,401			
Perforations 11,390 - 11,400					Depth Casing Shoe 11,470			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8		670		650			
11 "	8 5/8		4001		400			
7 7/8"	4 1/2		11470		160			

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 1-19-65	Date of Test 1-19-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 1225	Casing Pressure packer	Choke Size 16/64"
Actual Prod. During Test 379	Oil-Bbls. 379	Water-Bbls. 0	Gas-MCF 726

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

* Temporary off lse storage granted by
Mr. Dan Nutter per telephone conversation

J. F. Carnes
District Production Foreman
1-20-65
to L.M. Riggs 1-11-65, pending approval of off
lse storage application.

OIL CONSERVATION COMMISSION

APPROVED M. L. Armstrong, 19
BY M. L. Armstrong JAN 22 1965
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.