

DISTRIBUTION	
SANTA FE	5
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
PRORATION OFFICE	

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

RECEIVED

SEP 15 1966

Form C-104
Supersedes Old C-104 and
Effective 1-1-66

RECEIVED
SEP 14 1966
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

Operator Southwestern Natural Gas, Inc. ✓		O. C. C. ARTESIA, OFFICE	
Address 412 First State Bank Building, 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 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 Tenneco-Federal	Lease No. NM 032240	Well No. 1	Pool Name, Including Formation Lusk Strawn R3152	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter P ; 660 Feet From The S Line and 660 Feet From The East Line of Section 28 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)					
Permian Corporation	P. O. Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Continental Oil Company	Continental Life Building, Ft. Worth, Texas					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 28	Twp. 19	Rge. 31	Is gas actually connected? no	When

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-30-66	Date Compl. Ready to Prod. August 20, 1966	Total Depth 11,439	P.B.T.D. 11,370					
Elevations (DF, RKB, RT, GR, etc.) 3482 KB	Name of Producing Formation Strawn Reef	Top Oil/Gas Pay 11,274	Tubing Depth 11,341					
Perforations 11,274 - 11,372	Depth Casing Shoe 11,439							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/4	13-3/8	714	450					
12-1/4	8-5/8	4059	530					
7-7/8	4-1/2	11439	200					

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)

Date First New Oil Run To Tanks August 20, 1966	Date of Test August 24, 1966	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 700	Casing Pressure 900	Choke Size 24/64
Actual Prod. During Test 426	Oil-Bbls. 426	Water-Bbls. -0-	Gas-MCF 639

* NOTE: Prior allowable of 2000 BO for test purposes issued on August 25, 1966

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.

M. A. Rickus
(Signature)

Office Manager

(Title)

8-29-66

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 15 1966, 19

BY W. A. Gressett

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 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.

SOUTHWESTERN NATURAL GAS, INC.
Tenneco-Federal #1
Unit 2, Sec. 28, T-19-S, R-31-E
Lusk Strawn Field
Eddy County, New Mexico

Depth	Degrees of Deviation
80	1/4
321	1/2
515	1 3/4
660	2 1/4
1045	2
1547	1 1/4
1950	2
2150	2
2544	1 1/4
3140	1
4040	1 1/2
4330	1 1/2
4800	1
5650	1 1/2
5780	2
5860	2
6300	1 3/4
6140	2
6900	1/4
7340	1/2
7930	1
8400	1 1/4
8600	1/2
9000	3/4
9300	1/2
9800	1/2
10,200	3/4
10,460	1
10,820	1
11,380	2

SOUTHWESTERN NATURAL GAS, INC.

M. S. Ricker
M. S. Ricker, Office Manager

SINGLE ACKNOWLEDGMENT

THE STATE OF TEXAS,

County of Midland }

Before me, the undersigned authority, on this day personally

appeared Marylyn S. Ricker

known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office on this, the 29th day of August A.D. 1966

SEAL

Notary Public in and for Midland County, Texas