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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Elective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator TENNECO OIL COMPANY Address SUITE 1200 LINCOLN TOWER BLDG.
Reason(s) for filing (Check proper box) DENVER, COLCRADO <u>80203</u> Other (Please explain) New Well Change in Transporter of: X Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate Effective November 24, If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Lease No. Uncosignated Dakota State, Federal or Fee 1980 Feet From The <u>SOUTH Line and</u> 1980 Line of Section Range County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Western Oil Transportation Co., Inc.
Name of Authorized Transporter of Casinghead Gas or Dry Gas P. O. Box 3119 - Midland, Texas 79701

Address (Give address to which approved copy of this form is to be sent) , Sec. Unit Twp. P.ge. If well produces oil or liquids, give location of tanks. Is gas actually connected? When If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Deepen Workover Plug Back | Same Res'v. Diff. Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbls. Gas - MCF de. - 17 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Siza VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION BY Original Signed by Emery C. Arnold 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. SUPERVISOR DIST, #3 TITLE

Sr. Production Clerk

(Title)

November 24, 1970 (Date)

Fill out only Sections I. II. III, and VI for changes of owner, cell name or number, or transporter, or other such change of condition.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

