

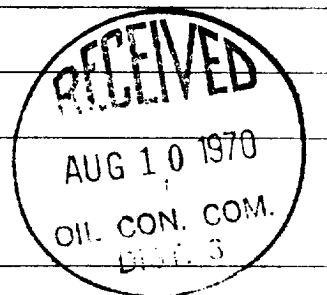
| | |
|------------------|-------|
| DISTRIBUTION | |
| SANTA FE | 1 |
| FILE | 1 |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 |
| | GAS |
| OPERATOR | 1 |
| PRORATION OFFICE | |

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

Confidential

B-1



| | |
|--|---|
| Operator Tenneco Oil Company | |
| Address Suite 1200 Lincoln Tower Building - Denver, Colorado 80203 | |
| 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"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name and address of previous owner

| | | | |
|--|----------------------|--|--|
| II. DESCRIPTION OF WELL AND LEASE | | NOO-C-14-20-2666 | |
| Lease Name Kagoso | Well No. 1 | Pool Name, including Formation Undesignated Dakota | Kind of Lease State, Federal or Fee |
| Location | | | |
| Unit Letter J ; 1980 Feet From The South Line and 1800 Feet From The East | | | |
| Line of Section 18 Township 17 Range 8 , NMPM, McKinley County | | | |

| | |
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| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp. | Address (Give address to which approved copy of this form is to be sent) 200 B Petroleum Plaza-Farmington, N. Mexico |
| 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) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | J 18 17 8 |

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 7-18-70 | Date Compl. Ready to Prod. 8-5-70 |
| Elevations (DF, RKB, RT, GR, etc.) 6923 GR | Name of Producing Formation Dakota |
| Perforations 2715' - 2720 w/2 shots per ft. | Top Oil/Gas Pay 2715 |
| TUBING, CASING, AND CEMENTING RECORD | |
| HOLE SIZE 12-1/4 | CASING & TUBING SIZE 8-5/8 |
| | 7-7/8 |
| | 5-1/2 |
| | 2800 |
| | 300 |

| | | | |
|--|-------------------------------|---|----------------------------|
| 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 8-5-70 | Date of Test 8-6-70 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hrs. | Tubing Pressure 75 | Casing Pressure 25 | Choke Size 14/64 |
| Actual Prod. During Test 200 | Oil-Bbls. 197 | Water-Bbls. 3 | Gas-MCF 91 |

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|----------------------------------|---------------------------|
| GAS WELL | |
| Actual Prod. Test-MCF/D | Length of Test |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) |
| | Casing Pressure (Shut-in) |
| | Choke Size |

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|--|--|--|--|
| VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| 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. | | APPROVED <u>6-10</u> , 19 <u>70</u> | |
| | | BY <u>Cecilia C. Alvarez</u> | |
| Sr. Production Clerk | | TITLE <u>Sup. Dist. III</u> | |
| August 7, 1970 | | This form is to be filed in compliance with RULE 1104. | |
| (Date) | | 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. | |