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| U.S.G.S. | | i | | |
| LAND OFFICE | | | | |
| IRANSPORTER | OIL | | | |
| | GA\$ | Ì | | |
| OPERATOR | | 3 | | |
| PRORATION OFFICE | | | | |
| Cperator TENNECO OTL COMPANY | | | | |

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| | NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND | | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | | | | | | | | | |
|---|---|--|---|---|--|---------|-------------------|--|---|---|--|--|
| | U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS OPERATOR 3 | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | | | | | |
| 1. | PRORATION OFFICE | | | | | | | | | | | |
| | Cperator TENNECO OIL COMPANY | | | | | | | | | | | |
| | Address | won Duilding Downer C | -1 | 1 | | | | | | | | |
| | Suite 1200 Lincoln Tower Building, Denver, Colorado 80203 Reason(s) for filing (Check proper box) New We!! Change in Transporter of: Becompletion Oil Dry Gas | | | MAR 1971 | | | | | | | | |
| į. | | | | OIL CON. COM. | | | | | | | | |
| | Change in Ownership | Casinghead Gas Conden | = | DIST. 3 | | | | | | | | |
| | If change of ownership give name and address of previous owner | | | | | | | | | | | |
| н. | DESCRIPTION OF WELL AND I | EASE Well No. Pool Name, Including Fo | ormation Kind of Lease | 30-031-20193 | | | | | | | | |
| | SFP-RR | 11 Lone Pine Dak | C 5-3 | or Fee Fee | | | | | | | | |
| | Location P 330 - South 660 - East | | | | | | | | | | | |
| | om Lener | nship 17N Range 81 | | McKinley County | | | | | | | | |
| III. | DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GA | S | | | | | | | | | |
| | Name of Authorized Transporter of Oil Shell Pipeline Corpor | | Address (Give address to which approved 805 W. Municinal Drive | ed copy of this form is to be sent) - Farmington, New Mexico | | | | | | | | |
| | Name of Authorized Transporter of Cast | nghead Gas or Dry Gas | Address (Give address to which approv | ed copy of this form is to be sent) | | | | | | | | |
| , | | Unit Sec. Twp. Ege. | Is gas actually connected? Whe | n | | | | | | | | |
| | If well produces oil or liquids, give location of tanks. | P 7 17 8 | No | | | | | | | | | |
| | If this production is commingled with COMPLETION DATA | that from any other lease or pool, | give commingling order number: | | | | | | | | | |
| -,, | Designate Type of Completion | n - (X) Gas Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | | | | | | | |
| ļ | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | | | | |
| | 2-16-71 Elevations (DF, RKB, RT, GR, etc.) | 2-23-71 Name of Producing Formation | 2890 Top Oil/Gas Pay | 2883 Tubing Depth | | | | | | | | |
| | 7060 GR | Dakota | 2673 | 2877 Depth Casing Shoe | | | | | | | | |
| | 2824 to 2830 w/2 shots per foot TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET | | | 2890 | | | | | | | | |
| | | | | SACKS CEMENT | | | | | | | | |
| | 12-1/4 | 8-5/8" | 76 | 40 sacks circulated | | | | | | | | |
| | 7-7/8" | 5-1/2" | 2890 | 300 sacks | | | | | | | | |
| | | | | | | | | | | | | |
| V. | EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours) | | | | | | | | | | | |
| | Date First New Oil Run To Tanks Date of Test | | Producing Method (Flow, pump, gas lift, etc.) | | | | | | | | | |
| | 2-23-71 Length of Test | 2-24-71 Tubing Pressure | Flowing Casing Pressure | Choke Size | | | | | | | | |
| | 24 hours Actual Prod. During Test | 200 Oil-Bbis. | 280 Water-Bbls. | 12/64 Gas-MCF | | | | | | | | |
| | 226 | 226 | None | 188 | | | | | | | | |
| | GAS WELL | | | | | | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | | | | | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | | | | | | |
| V1. | VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION MAR 1 1971 | | | | | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | BY Original Signed by Emery C. Arnold | | | | | | | | | | |
| Sr. Production Clerk (Title) | | | TITLE . SUPERVISOR DIST. #\$ | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | 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. | | | | | | | | | |
| | | | | | | | February 25, 1971 | | Fill out only Sections I. II well name or number, or transport | 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. | | |
| | | | | | | 1-2-1-7 | | | Separate Forms C-104 must be filed for each pool in multiply completed wells. | | | |