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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

B.K.

I. Operator
Tenneco Oil Company
Address
Suite 1200 Lincoln Tower Bldg., Denver, Colorado
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|---|--|-----------------------|
| Lease Name Hospah | Well No. 53 | Pool Name, Including Formation So. Hospah Lower Sand | Kind of Lease State, Federal or Fee | Lease No. NM-12335 |
| Location Unit Letter <u>HA</u> : <u>950</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Line of Section <u>12</u> Township <u>17N</u> Range <u>9W</u> , NMPM, <u>McKinley</u> 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"/> Shell Pipeline Corporation | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1588, Farmington, New 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 <u>HA</u> | Sec. <u>12</u> | Twp. <u>17</u> | Rge. <u>9</u> | Is gas actually connected? | When |

If this production is commingled with that from any other lease or pool, give commingling order number:

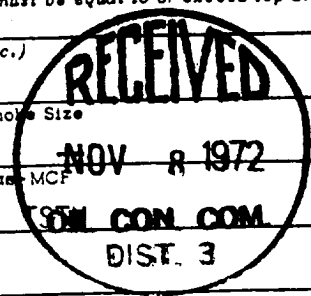
IV. COMPLETION DATA

| | | | | | | | | |
|---|--|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 10/24/72 | Date Compl. Ready to Prod. 11/2/72 | | Total Depth 1590 | | P.B.T.D. --- | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6935 GR | Name of Producing Formation Hospah Lower | | Top Oil/Gas Pay 1579 | | Tubing Depth 1574 | | | |
| Perforations Open Hole Completion | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4 | 9-5/8", 36# | | 63' | | 50 | | | |
| 8-3/4 | 7", 20# | | 1559' | | 150 | | | |
| -- | 2-7/8", 6.5# | | 1574' | | --- | | | |

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 11/1/72 | Date of Test 11/2/72 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure -- | Casing Pressure -- | Choke Size -- |
| Actual Prod. During Test 81 | Oil - Bbls. 81 | Water - Bbls. 2 | Gas - MCF -- |



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 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.

W L Shaver
(Signature)

Sr. Production Clerk
(Title)

11/6/72
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 8 1972, 19____
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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 multiple completed wells.