NEW MEXICO OIL CONSERVATION COMMISSION DISTRIBUTION Form C-104 REQUEST FOR ALLOWABLE Superzedes Old C-104 and C-11 SANTA FE Effective 1-1-65 AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator TENNECO OIL COMPANY COLORADO BLVD. PENTHOUSE, DENVER COLORADO 80222 720 S. Reason(s) for filing (Check proper box) Change in Transporter of: New Well Oil Dry Gas X Recompletion Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Lesse No. Well No. Pool Name, including Formation State, Federal or Fee FEDERAL NM-81208 53 LOWER HOSPAH LOWER HOSPAH Location 330 Feet From The _Line and __ 950 Feet From The N Α Unit Letter County , NMPM, MCKINLEY Range $9W_{-}$ Township T17NLine of Section Address (Give address to which approved copy of this form is to be sent) Box 1588 Farmington NM 87401 Address (Give address to which approved copy of this form is to be sent) y Pup Shell Oil Company Name of Authorized Transporter of Cast or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas When Is gas actually connected? Ege. Twp. Sec. Unit If well produces oil or liquids, give location of tanks. 17N' 9W 12 G If this production is commingled with that from any other lease or pool, give commingling order number: Same Restv. Diff. Restv IV. COMPLETION DATA Plug Back Gas Well Designate Type of Completion - (X) P.B.T.D. Date SpuddeOrig- 10-15-72 ate Compi. Ready to Prod. Total Depth 1578 10-29-72 1578 Deepen - 5-10-78 Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 1555 1581 6945'KB Lower Hospah Depth Casing Shoe Perforations 1559 Open Hole TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 50 63 5/8" 124" <u>7"</u> 100 1559 8-3/4" 64" Open Hole (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date First New Oil Run To Tanks Date of Test Pump 10-29-72 5-30-78 Chore Size Cosing Pressure Tubing Presewe 1 enath of Test 24 Woter - Bhis. Actual Prod. During Test 385 20

Gravity of Condensate GAS WELL Bbis. Condensate/MMCF Actual Prod. Tost-MCF/D Length of Test Cosing Freesure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (putot, back pr.)

APPROVED_

TITLE _

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.

ature) Administrative Supervisor (Title)

If this is a request for allowable for a newly drilled or desp well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

Original Signed by A. R. Kendrick

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

OIL CONSERVATION COMMISSION

JUL 14 1313

This form is to be filed in compliance with RULE 1104.

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.