

NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		3
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

B.T.

Operator Tenneco Oil Company	
Address Suite 1200 Lincoln Tower Bldg., -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

NM - 12335

Lease Name Hospah	Well No. 46	Pool Name, including Formation South Hospah Lower Sand	Kind of Lease State, Federal or Fee Federal	Lease No.
Location				
Unit Letter <u>E</u> ; <u>1700</u> Feet From The <u>North</u> Line and <u>700</u> Feet From The <u>West</u>				
Line of Section <u>12</u> Township <u>17-N</u> Range <u>9-W</u> , NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> of Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 805 W. Municipal Dr. -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	Sec.
	Twp.	Rge.
		Is gas actually connected?
		When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-14-71	Date Compl. Ready to Prod. 11-23-71	Total Depth 1680	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 7075 GR	Name of Producing Formation Lower Hospah Sand	Top Oil/Gas Pay 1674	Tubing Depth 1630					
Perforations None	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10 1/4"	9-5/8"	62	40 Sks Circulated					
8-3/4"	7"	1664	125 Sacks					

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 11-23-71	Date of Test 11-23-71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 125	Oil - Bbls. 120	Water - Bbls. 5	Gas - MCF None

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

G. A. Ford  
(Signature)  
Sr. Production Clerk  
(Title)  
11-23-71  
(Date)

OIL CONSERVATION COMMISSION  
NOV 29 1971

APPROVED \_\_\_\_\_, 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 multiply completed wells.