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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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.
Effective 1-1-65

B.K.

I. Operator
Tenneco Oil Company

Address
P.O. Box 3249, Englewood, Colorado 80155

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

Lessee Name Hospah	Well No. 65	Pool Name, Including Formation Lower Hospah	Kind of Lease State, Federal or Fee State	Lease No. 081208
Location Unit Letter <u>C</u> ; <u>1418</u> Feet From The <u>North</u> Line and <u>2769'</u> Feet From The <u>East</u> 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 Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	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>C</u> Sec. <u>12</u> Twp. <u>17N</u> Rge. <u>9W</u> Is gas actually connected? <input type="checkbox"/> 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 checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res' <input type="checkbox"/>		
Date Spudded 8/22/80	Date Compl. Ready to Prod. 10/6/80	Total Depth 1715'	P.B.T.D. 1667'
Elevations (DF, RKB, RT, CR, etc.) 7002' gr.	Name of Producing Formation Lower Hospah	Top Oil/Gas Pay 1618'	Tubing Depth
Perforations 1618-1634'			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" 54.5#	133'	175 sx
9-7/8"	8-5/8" 24#	1715'	400 sx

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)

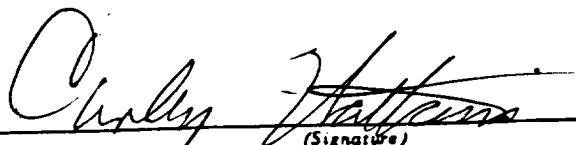
Date First New Oil Run To Tanks 10-6-80	Date of Test 10/12/80	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	RECEIVED NOV 19 1980 OIL CON. COM. DIST. 3
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 0	
Actual Prod. During Test 58 bbls. oil	Oil - Bbls. 58	Water - Bbls. 468	

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.



Assistant Division Administrative Manager
(Title)

November 4, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 21 1980, 19

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, 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 deepen 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 all wells 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.