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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-101 and C-110  
 Effective 1-1-65

I. Operator  
 Tenneco Oil Company  
 Address  
 Suite 1200 Lincoln Tower Bldg. - Denver, Colorado 80203  
 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)  
 Change of authorized transporter of condensate only.  
 Effective 3/13/70

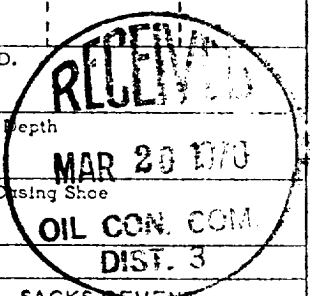
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
 Lease Name: Jicarilla "A" Well No.: 1 Pool Name, Including Formation: Basin Dakota Kind of Lease: State, Federal or Fee Lease No.:  
 Location  
 Unit Letter: L ; 1820 Feet From The S Line and 1130 Feet From The W  
 Line of Section: 18 Township: 26N Range: 5W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate  Plateau, Inc. Address (Give address to which approved copy of this form is to be sent) P. O. Box 108 - Farmington, New Mexico  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  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:

IV. COMPLETION DATA  
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
 Perforations Depth Casing Shoe  
 TUBING, CASING, AND CEMENTING RECORD  
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT



V. TEST DATA AND REQUEST FOR ALLOWABLE (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)  
 OIL WELL  
 Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  
 Length of Test Tubing Pressure Casing Pressure Choke Size  
 Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

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  
 Sr. Production Clerk  
 (Title)  
 3/13/70

OIL CONSERVATION COMMISSION  
 MAR 20 1970  
 APPROVED \_\_\_\_\_ 19\_\_\_\_\_  
 BY Original Signed by Emery C. Arnold  
 SUPERVISOR DIST. 3  
 TITLE \_\_\_\_\_  
 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.