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

I. Operator  
Tenneco Oil Company  
Address  
720 So. Colorado Blvd., Denver, Colorado 80222  
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)  
BASIN DAKOTA  
BLANCO MESAVERDE  
COMMINGLING ORDER R-5707

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
\*JICARILLA CONT 110  
Lease Name JICARILLA A Well No. 1 Pool Name, including Formation BLANCO MESAVERDE  
Kind of Lease State, Federal or Fee FEDERAL Lease No. \*  
Location Basin Dakota  
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 ☒ Address (Give address to which approved copy of this form is to be sent)  
PLATEAU INC. 1921 BLOOMFIELD BLVD., FARMINGTON, NM 87401  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)  
GAS COMPANY OF NEW MEXICO P.O. BOX 750, FARMINGTON, NM 87401  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Pge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: NO. 5707

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 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 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 188(98%) Del  
Actual Prod. Test-MCF/D 4 (2%) mv Length of Test 24 HRS.  
Testing Method (pitot, back pr.) BACK PR. Tubing Pressure (Shut-in) 280 Casing Pressure (Shut-in) 580 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.  
Carley Watters  
Administrative Supervisor  
6/19/78  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED JUN 1 1978, 19  
BY Original Signed by A. R. [Signature]  
TITLE SUPERVISOR DIST. #  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit  
Separate Forms C-104 must be filed for each pool in mult