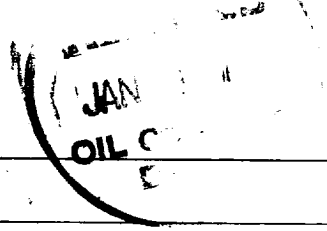


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	GAS	1
OPERATOR		1
PRORATION OFFICE		

## NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator <b>Tenneco Oil Company</b>	
Address <b>P. O. Box 1714, Durango, Colorado 81301</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> X	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"/>
<b>Effective first delivery.</b>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Reames "A"</b>	Lease No. <b>1</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location				
Unit Letter <b>B</b>	<b>790</b>	Feet From The <b>North</b>	Line and <b>1850</b>	Feet From The <b>East</b>
Line of Section <b>24</b>	Township <b>26-N</b>	Range <b>6-W</b>	, NMPM, <b>Rio Arriba</b> County	

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Rock Island Oil and Refining</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 328, Farmington, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 990, Farmington, New Mexico</b>
If well produces oil or liquids, give location of tanks.	Unit <b>B</b> Sec. <b>24</b> Twp. <b>26</b> Rge. <b>6</b>
Is gas actually connected?	When <b>December 23, 1966</b>

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.
		<b>X</b>	<b>X</b>					
Date Spudded <b>3/29/66</b>	Date Compl. Ready to Prod. <b>5/31/66</b>	Total Depth <b>7613</b>	P.B.T.D. <b>7544</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>Basin Dakota</b>	Name of Producing Formation <b>Basin Dakota</b>	Top Oil/Gas Pay <b>7292</b>	Tubing Depth <b>7500</b>					
Perforations <b>7522-7426, 7322-7292</b>			Depth Casing Shoe					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/4</b>	<b>8-5/8</b>	<b>450</b>	<b>250 sx</b>
<b>7-7/8</b>	<b>4-1/2</b>	<b>7610</b>	<b>300 sx first stage</b>
			<b>82 sx second stage</b>
			<b>385 sx third stage</b>

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

Actual Prod. Test-MCF/D <b>13,018</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate
Testing Method (pilot, back pr.) <b>AOB Back Pr</b>	Tubing Pressure <b>623</b>	Casing Pressure <b>1615</b>	Choke Size <b>3/4</b>

## 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.

## OIL CONSERVATION COMMISSION

APPROVED **JAN 13 1967**  
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 allow-  
able 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.**Harold C. Nichols**  
Senior Production Clerk

(Title)

**January 12, 1967**

(Date)