

NAME OF WELL	5
PRODUCTION	
SANITARY	1
FILE	1
STATUS	
LAND OFFICE	
TRANSPORTER	1
GAS	1
OPERATOR	1
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-110  
Effective 1-1-65

Tenneco Oil Company	
Address P. O. Box 1714, Durango, Colorado	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Effective First Delivery
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_ Note: This is a dual Gallup - Dakota gas well

II. DESCRIPTION OF WELL AND LEASE

Well Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
Hicarlilla "C"		3	Basin Dakota	State, Federal or Fee Federal
Section	Line	Range	County	
	I	26 S	23	
Line of Section	23	Township	26 N	Range
			5 W	NMPM,
				Rio Arriba
				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"/>	Address (Give address to which approved copy of this form is to be sent)					
Rock Island Oil and Refining	P. O. Box 328, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	23	26	5	No	On Approval

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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6/11/66	10/4/66	7600	7572					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6574 Gr.	Basin Dakota	7288	7230					
Perforations			Depth Casing Shoe					
			7600					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	330	150 sx
7 7/8"	5 1/2"	7580	1st stage - 335 sx
			2nd stage - 90 sx
			3rd stage - 330 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

Actual Prod. Test-MOP/D	Length of Test	Bbls. Condensate/MMCF	Gravity Condensate
1711	3 hrs.		
Testing Method (flow, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
AOB Back Pr.	318	Packer	3/4"

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.

Richard G. Nicholas  
Richard G. Nicholas (Signature)  
Senior Production Clerk  
(Title)  
11/29/66  
(Date)

OIL CONSERVATION COMMISSION

JAN - 3 1967

APPROVED \_\_\_\_\_ 19 \_\_\_\_\_

BY Original Signed by A. R. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 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.