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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 Tenneco Oil Company	
Address P. O. Box 1714, Durango, Colorado	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input 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 Mesaverde Dakota gas well.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "C"	Well No. 4	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter F	1650	Feet From The North	Line and 1650
Line of Section 24		Township 26 N	Range 5 W
		NMPM,	Rio Arriba
			County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

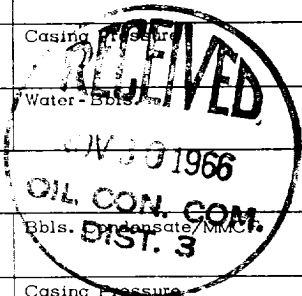
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Rock Island Oil and Refining	P. O. Box 328, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead 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 F	Sec. 24	Twp. 26N	Rge. 5W	Is gas actually connected? No	When On Approval

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

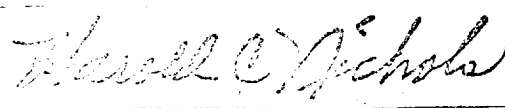
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 6/27/66	Date Compl. Ready to Prod. 8/17/66	Total Depth 7680	P.B.T.D. 7640					
Pool 6608 Gr.	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7376	Tubing Depth 6810					
Perforations 7376 - 7496			Depth Casing Shoe 7680					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	328	150 sx					
7 7/8"	4 1/2"	7680	1st stage - 275 sx					
			2nd stage - 225 sx					
			3rd stage - 300 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	Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF				
							
				GAS WELL			
				Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
				5330	3 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size				
AOF Back Pr.	360	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.

  
Harold C. Nichols (Signature)  
Senior Production Clerk  
(Title)  
11/29/66  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED JAN - 4 1967, 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 Sections I, II, III, and VI only 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.