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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 81301**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<b>Effective first delivery</b>
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"/>

change of ownership give name and address of previous owner  
**Note: This is a dual Mesaverde-Dakota Well.**

DESCRIPTION OF WELL AND LEASE	
Well Name <b>Jicarilla "C"</b>	Lease No. <b>6</b>
Well No. <b>6</b>	Pool Name, including Formation <b>Basin Dakota</b>
Kind of Lease State, Federal or Fee <b>Federal</b>	
Location	
Unit Letter <b>F</b>	1780 Feet From The <b>North</b> Line and 1455 Feet From The <b>West</b>
Line of Section <b>14</b>	Township <b>T-26-N</b> , Range <b>5-W</b> , NMPM, <b>Rio Arriba</b> County

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)
<b>Rock Island</b>	<b>P. O. Box 328, Farmington, New Mexico</b>
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)
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 990, Farmington, New Mexico</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>F 14 26 5 No On approval</b>

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

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 X X</b>
Date Spudded <b>10/25/66</b>	Date Compl. Ready to Prod. <b>3/6/67</b>
Total Depth <b>8045</b>	P.B.T.D. <b>8002</b>
Elevations (DF, RKB, RT, GR, etc.) <b>6939 GR</b>	Name of Producing Formation <b>Dakota</b>
Top Oil/Gas Pay <b>7729</b>	Tubing Depth <b>6770</b>
Perforations <b>7937-7729 Dakota</b>	Depth Casing Shoe <b>8045</b>

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>404</b>	<b>230 sx</b>
<b>7-7/8</b>	<b>4-1/2</b>	<b>8044</b>	<b>3 stages - 1280 sx</b>
	<b>2-3/8</b>	<b>6770</b>	

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>7131</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Back pressure.</b>	Tubing Pressure <b>475</b>	Casing Pressure	Choke Size <b>3/4</b>

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <b>MAY 16 1967</b> , 19	
BY Original Signed by <b>Emery C. Arnold</b>		TITLE <b>SUPERVISOR DIST. #3</b>	

**G. A. Fox**  
Senior Production Clerk

March 10, 1967

5 NMOCC 1 File (Date)  
L Atlantic  
1 Continental

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.