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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

I.

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"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effective first delivery
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla	Lease No. "C"	Well No. 5	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter I ; 1850 Feet From The South Line and 790 Feet From The East Line of Section 24 Township 26N Range 5W , 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"/> Rock Island	Address (Give address to which approved copy of this form is to be sent) P. O. Box 328 Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EPNG	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 24	Twp. 26	Rge. 5
	Is gas actually connected?		When On Approval	
	No			

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 Rest.	Diff. Rest.
		X	X					
Date Spudded 7/15/66	Date Compl. Ready to Prod. ---		Total Depth 7673		P.B.T.D. 7629			
Elevations (DF, RKB, RT, GR, etc.) 6603 GR	Name of Producing Formation Basin Dk.		Top Oil/Gas Pay 7469		Tubing Depth 7289			
Perforations 7469-7563					Depth Casing Shoe 7673			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		328		175 sx			
7-7/8	4-1/2		7673		890 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 8572	Length of Test 3 hours	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) AOF Back Pr.	Tubing Pressure 538	Casing Pressure Packer	Choke Size 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

Harold C. Nichols (Signature)
Senior Production Clerk

(Title)

December 12, 1966

(Date)

OIL CONSERVATION COMMISSION

MAR 17 1967

APPROVED _____, 19

BY Original Signed by _____

TITLE SUPERVISOR DIST. #9

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.