

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-101 and C-11  
Effective 1-1-65

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TRANSPORTER	OIL / GAS /
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Operator  
**Tenneco Oil Company**

Address  
**Suite 1200 Lincoln Tower Bldg. - Denver, Colorado 80203**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change of authorized transporter of condensate only. Effective 3/13/70
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
			Condensate	<input checked="" type="checkbox"/>

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Jicarilla, A</b>	Well No. <b>8</b>	Pool Name, including Formation <b>Tapacuto Gallup</b>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <b>H</b>	<b>2365</b> Feet From The <b>N</b>	Line and <b>790</b>	Feet From The <b>E</b>	
Line of Section <b>17</b>	Township <b>26N</b>	Range <b>5W</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"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Plateau, Inc.</b>	<b>P. O. Box 108 - Farmington, New Mexico</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

**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)

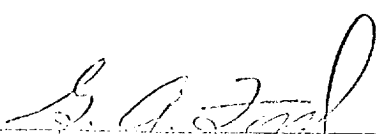
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**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.

  
\_\_\_\_\_  
G. A. Ford  
Sr. Production Clerk  
(Title)

**OIL CONSERVATION COMMISSION**

APPROVED **MAR 20 1970**  
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 flow tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all