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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla A	Well No. 2E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Federal Contract	Lease No. #110
Location Unit Letter <u>O</u> <u>1120</u> Feet From The <u>South</u> Line and <u>1520</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> 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)
Conoco	P. O. Box 460, Hobbs, New Mexico 88240
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)
Southern Union Gathering	P. O. Box 880, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit <u>O</u> Sec. <u>18</u> Twp. <u>26N</u> Rge. <u>5W</u>
	Is gas actually connected? <u>No</u> When <u>ASAP</u>

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen. <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir <input type="checkbox"/>	Diff. Reservoir <input type="checkbox"/>
Date Spudded 8/15/81	Date Compl. Ready to Prod. 10/8/81		Total Depth 7567		P.B.T.D. 7548			
Elevations (DF, RKB, RT, GR, etc.) 6601' gr.	Name of Producing Formation Dakota		Top Oil/Gas Pay 7288		Tubing Depth 7297			
Perforations 7288-92', 7298-7302', 7422-34', 7468-74', 7504-20'				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"	36#	325		250 sx			
7-7/8"	4-1/2"	10.5#	7567		1241 sx			
	2-3/8"		7297'					

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.

GAS WELL

Actual Prod. Test-MCF/D 1449	Length of Test 3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2105 PSI	Casing Pressure (shut-in) 2115 PSI	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.

Frank T. Chavez
(Signature)

Production Analyst
(Title)

October 13, 1981
(Date)

OIL CONSERVATION COMMISSION
2-9-82
APPROVED
FEB 9 1982

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

TITLE
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.