| ſ  |  |        |             | 7           |  |           |  |  |  |  |
|----|--|--------|-------------|-------------|--|-----------|--|--|--|--|
| Ì  | NO. OF COPIES RECEIVED                     |        | 1 - 7       |             |  |           |  |  |  |  |
|    | DISTRIBUTION                               |        | <u> </u>    |             | NEW MEXICO OIL CONSERVATION COMMISSION   | S         |  |  |  |  |
| ١  | SANTA FE                                   |        | 1           |             | REQUEST FOR ALLOWABLE  |           |  |  |  |  |
|    | FILE                                       |        | 1           | 4           | AND  | _         |  |  |  |  |
|    | U.S.G.S.                                   |        |             |             | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS   |           |  |  |  |  |
|    | LAND OFFICE                                |        |             |             |  | _         |  |  |  |  |
|    | TRANSPORTER                                | OIL    | 1           |             | la companya da la co | 2         |  |  |  |  |
| İ  | IRANSPORTER                                | GAS    |             |             | $\sqrt{\epsilon}$  | S E       |  |  |  |  |
|    | OPERATOR                                   |        | 1           |             | •  |           |  |  |  |  |
| ١. | PRORATION OF                               | FICE   |             | $\Box$      |  |           |  |  |  |  |
| •• | Operator                                   |        |             | <del></del> |  |           |  |  |  |  |
|    | Tenneco Oil Company                        |        |             |             |  |           |  |  |  |  |
|    | Address                                    |        | <del></del> |             |  |           |  |  |  |  |
|    | Suite 120                                  | 00 Lir | nco]        | ln To       | ower Bldg., Denver, Colorado 80203   |           |  |  |  |  |
|    | Reason(s) for filing                       | (Check | prope       | box)        | Other (Please explain)   |           |  |  |  |  |
|    | New Well                                   | $\Box$ |             |             | Change in Transporter of:  |           |  |  |  |  |
|    | Recompletion                               |        |             |             | Oil Dry Gas  |           |  |  |  |  |
|    | Change in Ownershi                         | P      |             |             | Casinghead Gas Condensate  |           |  |  |  |  |
|    | If change of owners<br>and address of prev |        |             |             |  |           |  |  |  |  |
| I. | DESCRIPTION OF WELL AND LI                 |        |             |             | EASE NOO-C   |           |  |  |  |  |
|    | Lease Name                                 |        | _           |             | Well No. Pool Name, Including Formation Kind of Lease  |           |  |  |  |  |
|    | Pah  |        |             |             | 1 Buena Suerte (PennParadox) State, Federal or Fee   | <u> A</u> |  |  |  |  |
|    | Location                                   |        |             |             |  |           |  |  |  |  |
|    | Unit Letter                                | L      | . ; <u></u> | 1500        | Feet From The South Line and 990 Feet From The   | W         |  |  |  |  |

25-N

Sec.

3

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

Oil Well

Date Compl. Ready to Prod.

8/27/71

Name of Producing Formation

Pennsylvania

CASING & TUBING SIZE 13/3/8"

9-5/8" 5-1/2"

9/1/71

192

Tubing Pressure (Shu

X

or Condensate

or Dry Gas

25N ! 11W

Ade CONTIGOWE

DIST, 3

Twp.

Township

Unit

10,956' - 10,958' W/4 JSPF

Date of Test

70

Oil - Bbls.

Tubing Pressure

Length of Test

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Line of Section 3

If well produces oil or liquids, give location of tanks.

IV. COMPLETION DATA

5/29/71

6321 GR

17-1/2" 12-1/4"

7-7/8"

8/27/71

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Sr. Production Clerk

9/2/71

I hereby certify that the rules and regulations of the Commission have been complied with and that the above is true and complete to the best of my known

(Signature)

(Title)

(Date)

OIL WELL

Length of Test 24 Hrs.

192

**GAS WELL** 

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

Date First New Oil Run To Tanks

Date Spudded

Name of Authorized Transporter of Oil

Plateau Inc.
Name of Authorized Transporter of Casinghead Gas

Designate Type of Completion -(X)

V. TEST DATA AND REQUEST FOR ALLOWABLE

|                                       | DNSERVATION COMMISSI<br>FOR ALLOWABLE<br>AND                  | <b>ON</b>            | Form C-:04 Supersedes Old C-104 and C-110 Effective 1-1-65 |
|---------------------------------------|---|----------------------|--|
| ION TO TRA                            | NSPORT OIL AND NAT  | URAL GAS             |  |
|                                       |   | lo                   | 31.  |
|                                       |   | •                    | •  |
|                                       |   |                      |  |
|                                       |   |                      |  |
| nver, Colo                            |   |                      |  |
| ,<br>                                 | Other (Please exp   | olain)               |  |
| rter of:  Dry Gar  Conden             | <b>7</b>  |                      | ·  |
|                                       |   |                      |  |
|                                       |   | <del></del>          |  |
|                                       |   |                      | -C-14-20-3596  |
| me, Including Fo                      |   | nd of Lease          | Lease No.  |
| na Suerte                             | (PennParadox) Sto   |                      | Allotted   |
| outh Lin                              | e and <u>990</u> F  | eet From The         | West   |
| Range                                 | IW , NMPM,  | San Juan             | County   |
|                                       |   |                      |  |
| ATURAL GA                             | S Address (Give address to w                                  | hich approved cop    | y of this form is to be sent)                              |
| • <u> </u>                            | P. O. Box 108, Fa   |                      |  |
| ry Gas                                | Address (Give address to w                                    | hich approved cop    | y of this form is to be sent)                              |
| vp. Rge.                              | Is gas actually connected?                                    | When                 |  |
| 5N 11W                                |   |                      |  |
| lease or pool,                        | give commingling order nu                                     | mber:                |  |
| Gas Well                              | New Well Workover   | Deepen Plug          | Back   Same Restv. Diff. Restv.                            |
| Gas well                              | 1   | peepen 1 1 1 ug      | 1 1  |
| Prod.                                 | X<br>Total Depth  | P.B.                 | r.D.   |
|                                       | 11,490  |                      | 11.300   |
| mation                                | Top Oil/Gas Pay   | Tubir                | ng Depth   |
| ia                                    | 9960  |                      | 10,824   |
|                                       |   | Depth                | h Casing Shoe  |
| CASING AND                            | CEMENTING RECORD  |                      |  |
| ING SIZE                              | DEPTH SET   |                      | SACKS CEMENT   |
| · · · · · · · · · · · · · · · · · · · | 970   | 750                  | Sks Cir.   |
|                                       | 6,090   |                      | Sks  |
|                                       | 11,490  | 300                  | Sks  |
|                                       | 1   | <u> </u>             |  |
| (Test must be a                       | fter recovery of total volume<br>pth or be for full 24 hours) | of load oil and mu   | st be equal to or exceed top allow-                        |
| Sore joi trite de                     | Producing Method (Flow, p                                     | ump, gas lift, etc., | )  |
| 74                                    | Flow  |                      |  |
| 8                                     | Casing Pressure   | Chok                 | e Size   |
|                                       | Packer Water-Bhie.  | Gar                  | 21/64  |
| E 2 "                                 | I WATER - MIDIE.  | : GUE                | 174~4  |

116

Gravity of Condensate

Choke Size

OIL CONSERVATION COMMISSION

PETROLEUM ENGINEER DIST NO. 3

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.

This form is to be filed in compliance with RULE 1104.

TITLE

h

None

Bbls. Condensate/MMCF

casing Pressure (Shut-in)

TUBING, CASING, AND CEMENTING RECORD