

NO. COPIES RECEIVED		3
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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

I. Operator  
Tenneco Oil Company

Address  
Suite 1200, Lincoln Tower Building - Denver, Colorado 80203

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
Well originally completed as an oil well in Buena Suerte Penn. Field and re-completed as a gas well in Basin Dakota field.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name PAH	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NMO-C14-20 3596
Location Unit Letter L : 1500 Feet From The South Line and 990 Feet From The West Line of Section 3 Township 25-N Range 11-W, NMPM, San Juan 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"/> Plateau Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108 Farmington N. M. 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 990 Farmington, N. M. 87401					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 3	Twp. 25	Rge. 11	Is gas actually connected? No	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.
		X				X		X
Date Spudded 5-29-71	Date Compl. Ready to Prod. 4-17-72		Total Depth 11,490		P.B.T.D. 6060			
Elevations (DF, RKB, RT, GR, etc.) 6321 GR	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 5894		Tubing Depth 5876			
Perforations 5896' - 5902' W/2 JSPF & 5903' - 5920' W/1 JSPF					Depth Casing Shoe 6090			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		970		750 Sks Cir			
12-1/4"	9-5/8"		6090		350 Sks			
7-7/8"	5-1/2"		11490 *		300 Sks			
6300' Pulled & balance cemented in well.								

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.) Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size SEP 25 1971
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF OIL COM. COM. DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 6443	Length of Test 3 hrs.	Bbls. Condensate/MMCF 20	Gravity of Condensate 60
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1947	Casing Pressure (shut-in) 1960	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.

W L Shaver  
(Signature)  
Sr. Production Clerk  
(Title)  
9/21/72  
(Date)

OIL CONSERVATION COMMISSION  
SEP 25 1972  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
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 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.