

DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.N.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PROBATION 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 Bldg., Denver, Colorado 80203**

Reasons for filing (Check proper box):

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain):

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

NOO-C-14-20-3605

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>Canyon</b>	<b>3</b>	<b>Basin Dakota</b>	State, Federal or Fee <b>Indian</b>	
Location				
Unit Letter <b>G</b>	<b>1820</b>	Feet From The <b>North</b>	Line and <b>1690</b>	Feet From The <b>East</b>
Line of Section <b>5</b>	Township <b>25N</b>	Range <b>11W</b>	, NMPM, <b>San Juan</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>Thriftway</b>	<b>2011 E. Main Farmington, New Mexico 87401</b>	
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)	
<b>El Paso Natural Gas Company</b>	<b>Box 990 Farmington, New Mexico 87401</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<b>G</b>	<b>5</b>
	Twp.	Rge.
	<b>25</b>	<b>11</b>
is gas actually connected?	When	
<b>No</b>	<b>Upon Approval</b>	

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.
		<b>X</b>	<b>X</b>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>8/19/73</b>	<b>9/17/73</b>	<b>5890'</b>	<b>5871'</b>					
Elevations (OF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>6271.0 GR</b>	<b>Dakota</b>		<b>5683'</b>					
Perforations			Depth Casing Shoe					
<b>5768' - 5802'</b>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>650'</b>	<b>300sks. CL "A" N/3% C&amp;H</b>					
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>5890'</b>	<b>2 stages: 1st. stage 300</b>					
			<b>sks 50-50 poz w/2% gel, 2nd</b>					
			<b>stage: 350 sks 65/35/10 w/1/8" Flo-</b>					
			<b>seal</b>					

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 production for this depth or be for full 24 hours)

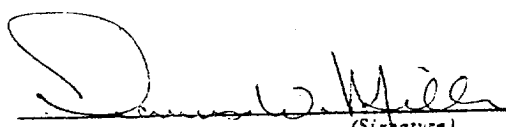
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Quantity of Condensate
<b>2163</b>	<b>24</b>	<b>15.6</b>	
Testing Method (pitot, back pr.)	Tubing Pressure (psig) flow	Casing Pressure (psig) flow	Choke Size
<b>Back PR</b>	<b>1500 psi</b>	<b>1700 psi</b>	

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.

  
(Signature)  
Production Clerk  
(Title)  
September 28, 1973  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 4 1973**, 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.