

DISTRIBUTION	
SANTA FE	/
FILE	/
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

I.

Operator Tenneco Oil Company	
Address Suite 1200 Lincoln Tower Bldg., Denver, Colorado 80203	
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

E-4777, B-9590-5, L-4639

Lease Name Gallegos Com.	Well No. 6	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter F ; 1500 Feet From The North Line and 1500 Feet From The West				
Line of Section 32 Township 26N Range 11W , 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"/>	Address (Give address to which approved copy of this form is to be sent) 2011 E. Main Farmington, New Mexico 87401					
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) Box 990 Farmington New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 32	Twp. 26	Rge. 11	Is gas actually connected? no	When Upon Approval

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					
Date Spudded 6/26/73	Date Compl. Ready to Prod. 8/2/73		Total Depth 5943'		P.B.T.D. 5922'				
Elevations (DF, RKB, RT, GR, etc.) 6256.0 GR	Name of Producing Formation Dakota		Top Oil/Gas Pay		Tubing Depth 5718'				
Perforations 5849' - 5875'					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		612'		300 sx C1 "A" w/3% CaCl₂				
7-7/8"	5-1/2"		5943'		2 Stages- Stage 1: 240				
					sx 50-50 C1 "C" w/2% gal. Stage				
					2: 152 sx 65/35/10				

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)

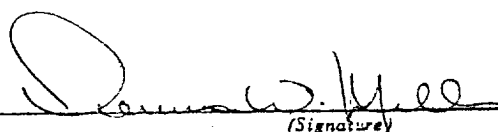
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 2085	Length of Test 24	Bbls. Condensate 20	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (shut-in) flowing 1630 psi	Casing Pressure (shut-in)	Choke Size 31/64

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 3 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.