**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
Effective 1-1-65

I.
Operator

Tenneco Oil Company

Address

1860 Lincoln St. Suite 1200, Denver, Colorado 80295

Reason(s) for filing (Check proper box)

New Well ☐    Change in Transporter of:    Other (Please explain)

Recompletion ☐    Oil ☐   Dry Gas ☐    Inadverdantly had listed purchaser instead of transporter.

Change in Ownership ☐    Casinghead Gas ☐   Condensate ☒

If change of ownership give name
and address of previous owner _____

## II. DESCRIPTION OF WELL AND LEASE

*638847 & 71681

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Federal | Lease No |
|---|---|---|---|---|---|
| Gallegos | 13 | Basin Dakota | State, Federal or Fee | Indian | * |

Location

Unit Letter   P   ;   790'   Feet From The   South Line and   790   Feet From The   East

Line of Section   35   Township   26N   Range   11W  , NMPM,   San Juan   County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐   or Condensate ☒☒    Address (Give address to which approved copy of this form is to be sent)

Inland Corp.     P.O. Box 1528, Farmington, N.M. 87401

Name of Authorized Transporter of Casinghead Gas ☐   or Dry Gas ☒☒    Address (Give address to which approved copy of this form is to be sent)

Gas Company of New Mexico     Box 750, Farmington, N.M. 87401

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | P | 35 | 26N | 11W | No | Near Future |

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' |
|---|---|---|---|---|---|---|---|---|
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## V. TEST DATA AND REQUEST FOR ALLOWABLE
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allo
able for this depth or be for full 24 hours)

OIL WELL

| 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. |

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OIL CON. COM.
DIST. 3

GAS WELL

| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

## 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.

_H. D. Myers_
(Signature)

Division Production Manager
(Title)

1-22-77
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED ___ 26 1977 ___, 19___

BY Original Signed by A. R. Kendrick

TITLE ___

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

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio

Separate Forms C-104 must be filed for each pool in multip