

OIL CONSERVATION DIVISION 1 - Tenneco

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Jerome P. McHughAddress
P O Box 208, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Spudded 9-76; abandoned 9-79;
now completed.If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Chaco Plant	Well No. #21	Pool Name, Including Formation WAW Fruitland PC <i>Fruitland</i>	Kind of Lease State, Federal or Fee Navajo Allotted	Lease No. N00 C 14-20-362
Location Unit Letter <u>N</u> : <u>1080'</u> Feet From The <u>South</u> Line and <u>1600'</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>26N</u> Range <u>12W</u> , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P O Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>No</u> When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-6-76	Date Compl. Ready to Prod. 2-23-81		Total Depth 1360'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6041'	Name of Producing Formation Fruitland		Top Oil/Gas Pay 1104		Tubing Depth 1076' GL			
Perforations 1104-1108, 1111-1115					Depth Casing Shoe 1337' GL			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	5-1/2"	38' GL	7 SX
4-3/4"	2-7/8"	1337' GL	90 SX

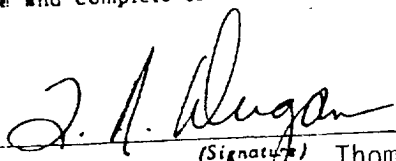
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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 WELL

Actual Prod. Test-MCF/D 10 AOF	Length of Test 3 hrs	Bbls. Condensate/MMCF	Oil Gravity of Condensate DISL 3
Testing Method (pilot, back pr.) one-point back pressure	Tubing Pressure (Shut-in) 60 psi	Casing Pressure (Shut-in) 200 psi	Choke Size

I. CERTIFICATE OF COMPLIANCE

★ Certification of deviation tests submitted 9-14-76
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

Thomas A. Dugan
Agent

(Title)

3-4-81

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 5 1981, 19BY Original Signed by FRANK T. CHAVEZTITLE SUPERVISOR DISTRICT #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 multiple.