DISTRIBUTION	6
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	1
TRANSPORTER GAS	1
OPERATOR	2
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

API 30-045-23800

I. OPERATOR

Operator: Tenneco Oil Company

Address: 720 S. Colo. Blvd., Denver, CO 80222

Reason(s) for Filing (Check Proper Box): New Well [X]; Recompletion [ ]; Change in Ownership [ ]; Change in Transporter of: Oil [ ]; Dry Gas [ ]; Casinghead Gas [ ]; Condensate [ ]; Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal, or Fee)	Lease No.
Delhi-Taylor	5E	Basin Dakota	Fed	SF 079679 *

Location: Unit Letter I, 2350 Feet From The South Line and 990 Feet From The East

Line of Section 27, Township ~~25N~~ 26N, Range 11W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: Giant Refining — Address (Give address to which approved copy of this form is to be sent): Box 256, Farmington, NM 87401

Name of Authorized Transporter of Casinghead Gas or Dry Gas: El Paso Natural Gas — Address (Give address to which approved copy of this form is to be sent): Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	27	25N	11W	No	ASAP

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 Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12/14/79	1/13/80	6210	6184
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6202'GL	Basin Dakota	6066	6053
Perforations			**Depth Casing Shoe**
6066-6134 (Dakota)			–

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8	504	400
7 7/8	4 1/2	6210	1675
	2 3/8	6053	

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 allowable 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
AOF=493	3 hrs		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
back pressure	425	450	3/4

RECEIVED
FEB 19 1980
OIL CON. COM.
DIST. 3

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)

Administrative Supervisor
(Title)

2/14/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 21 1980, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE ~~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 deepen well, this form must be accompanied by a tabulation of the deviat 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 own well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each pool in multi completed wells.