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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION 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-
Effective 1-1-63

I. OPERATOR
Operator: TENNECO OIL COMPANY
Address: BOX 3249, ENGLEWOOD, CO 80155

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recombination Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Schwerdtfeger Well No.: A 4 Pool Name, including Formation: Basin Dakota Kind of Lease: Federal Lease No.: SF-079319
 Location: Unit Letter P, 1190 Feet From The South Line and 660 Feet From The East
 Line of Section 31 Township 28N Range 8W, N.M.P.M., San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : GIANT REFINING CO. 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: P, Sec.: 31, Twp.: 28, Rge.: 8 Is gas actually connected? YES When _____

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 Redrill Deepen Plug Back Some Other Drill Ream

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.
Elevations (DF, RAE, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Taking 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 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 Test: New Oil Prod. 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.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity <u>1.25</u>
Testing Method (puls, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Cross Section

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.

Denise Wilson
(Signature)
PRODUCTION ANALYST
(Title)
AUGUST 1, 1982
(Date)

OIL CONSERVATION COMMISSION
AUG 16 1982
APPROVED _____, 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 deviate tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells 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 conditions.
 Separate Forms C-104 must be filed for each pool in multi-layered wells.

