

NO. OF COPIES RECEIVED		5
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

Operator <b>Tenneco Oil Company</b>	
Address <b>P. O. Box 1714, Durango, Colorado 81301</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<b>Effective first delivery.</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Schwerdtfeger</b>	Lease No. <b>"A"</b>	Well No. <b>2-X</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location				
Unit Letter <b>D</b>	<b>1190</b>	Feet From The <b>North</b>	Line and <b>790</b>	Feet From The <b>West</b>
Line of Section <b>31</b>	Township <b>28N</b>	Range <b>8W</b>	, NMPM, <b>San Juan</b> County	

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)					
<b>Permian</b>	<b>P. O. Box 3119, Midland Texas</b>					
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)					
<b>El Raso Natural Gas</b>	<b>P. O. Box 990, Farmington, New Mexico</b>					
Well produces oil or liquids, give location of tanks.	Unit <b>D</b>	Sec. <b>31</b>	Twp. <b>28</b>	Rge. <b>8</b>	Is gas actually connected? <b>No</b>	When <b>On Approval</b>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudded <b>12/12/66</b>	Date Compl. Ready to Prod. <b>2/2/67</b>		Total Depth <b>6731</b>		P.B.T.D. <b>6723</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5876 Gr.</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>5524</b>		Tubing Depth <b>6696</b>			
Perforations <b>5524-6706</b>					Depth Casing Shoe <b>6731</b>			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	10-3/4	255	200 sx
9-7/8	7-5/8	2361	200 sx
6-3/4	4-1/2	6731	185 sx 2 stages
	2-3/8	6696	

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)

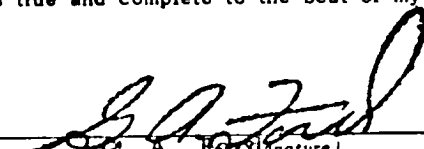
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>4621</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Back pr.</b>	Tubing Pressure <b>245</b>	Casing Pressure <b>1315</b>	Choke Size <b>3/4</b>

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.

  
G. A. F. (Signature)  
Senior Production Clerk  
(Title)  
March 14, 1967  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **MAR 14 1967**, 19  
BY Original Signed by Henry 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.