1

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER — OIL		
TRANSPORTER — GAS		
OPERATOR		
PRORATION OFFICE		

I.

Operator
Tenneco Oil Company

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

Reason(s) for filing *(Check proper box)*

New Well [XX]   Change in Transporter of: Other *(Please explain)*

Recompletion [ ]   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   *NM-012201

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Blanco	A1	Basin Dakota	State, Federal or Fee **Fed**	*

Location

Unit Letter **A** ; **790** Feet From The **North** Line and **790** Feet From The **East**

Line of Section **36** Township **28N** Range **8W** , NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [XXX]	Address *(Give address to which approved copy of this form is to be sent)*
Giant Refining	**P.O. Box 256, Farmington, N.M. 87401**
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [XX]	Address *(Give address to which approved copy of this form is to be sent)*
El Paso Natural Gas	**P.O. Box 990, Farmington, N.M. 87401**

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	36	28N	8W	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 Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5/19/80	6/12/80	6907	6890

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5909	Dakota	6786	6704

Perforations	Depth Casing Shoe
6786-6874	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4	9 5/8	316	250
8 3/4	7	3250	600
6 1/4	4 1/2 (liner)	6892	525
	2 3/8 (tbg)	6704	

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=3115	3 hrs		
Testing Method *(pitot, back pr.)*	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
back pressure	2550	2600	3/4

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)

Asst. Div. Admin. Manager
(Title)

6/30/80
(Date)

OIL CONSERVATION COMMISSION
JUL 7 1980

APPROVED _____, 19 _____

BY **Original Signed by CHARLES GHOLSON**

TITLE **DEPUTY OIL & GAS INSPECTOR, 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