NO. OF COPIES RECT	14.0	i	
DISTRIBUTION			
SANTA FE			L
FILE		<u> </u>	L
u.s.c.s.		<u> </u>	
LAND OFFICE			<u></u> .
TRANSPORTER	DIL		<u> </u>
	GAS	<u> </u>	<u> </u>
OPERATOR			<u> </u>

NEW MEXICO OIL CONSERVATION COMMISSION

DISTRIBUTION		SERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
SANTA FE	REQUEST FOR ALLOWABLE AND Supersedes Of the Color of th		
FILE	AUTHORIZATION TO TRANS		AS.
u.s.g.s.	AUTHORIZATION TO TRANS	FOR TOTE AND TOTAL C	
LAND OFFICE	_		
TRANSPORTER GAS	- - 		
OPERATOR	_		
PRORATION OFFICE			
Operator			
Tenneco Oil Compar	ıy		
Address	nglewood, CO 80155		
P. O. Box 3249, El Reason(s) for tiling (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condensa	:e	
Change in Castalana			
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL AND	Vell No. Pool Name, Including Form	nation Kind of Leas	Se Lease Nc.
Lease Name	1.0.1	Serie Feder	oler FeeFederal NM 04202
Johnston A	lE Basin Dakota		1
Location	_	1000	- Fast
Unit Letter H : 17	50 Feet From The North Line	and 1000 Feet From	ine
			a
Line of Section 17	ownship 28N Range 91	N , NMFM, Sall C	, unu
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GAS	Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of C	0. Concerne 42	Box 460. Hobbs, New M	Mexico 88240
Conoco	Casinghead Gas or Dry Gas V	Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of	Tastuduedd Gds or,	Box 990, Farmington,	
El Paso Natural C		Is gas actually connected?	her
If well produces oil or liquids,	Unit Sec. , 1 and 1	No ;	ASAP
give location of tanks.	11		,
If this production is commingled	with that from any other lease or pool, g	ive comminging order name	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty
Designate Type of Comple	tion = (X)	× .	1
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	6/17/81	6779'	6764'
5/7/81		Top Cil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.	i l	6551 '	6570'
5844' gr.			Depth Casing Shoe
Perforations 6551-56', 6597-6	614', 6695-99', 6708-20', <u>6</u>	5731-34', 6740-42'	
0331 36 , 033. 1	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
12-1/4"	9-5/8" 36#	259	250 sx
7-7/8"	4-1/2" 10.5#	6779 '	lst: 1440 sx. 2nd: 520
1-1/8			
	2-3/8"	6570'	
The same provinces	FOR ALLOWABLE (Test must be a able for this de	ter recovery of total volume of load	oil and must be equal to or exceed top atto
V. TEST DATA AND REQUEST	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, ga.	· lift etc.)
OII. WELL. Date First New Oil Run To Tanks	Date of Test	Producing Method (Fibb) Pamp, and	
		Casing Pressure	/ EGS B.
Length of Test	Tubing Pressure	Casing Pressure	OFFIVEN
		Water - Bbls.	Matile LU
Actual Prod. During Test	Oil-Bbis.	Water-BEIS.	
			JUN 22 1981
		· · · · · · · · · · · · · · · · · · ·	DIL CON. COM.
GAS WELL		Bbls. Condensate/MMCF	DISTY of Condendate
Actual Prod. Test-MCF/D	Length of Test	Bels. Contended in the	0131.3
2308'	3 hrs.	Cosing Pressure (Shut-is)	Shoke Size
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)	1500 PSI	3/4"
Back Pressure	1450 PSI	TONE CONSE	EVATION COMMISSION
VI. CERTIFICATE OF COMPL	IANCE	OIL CONSE	1111 3 - 1981
		APPROVED	JUL 3 - 1981
I hereby certify that the rules	and regulations of the Oil Conservation	APPROVED	
Commission have been compli	and regulations of the on Contaction given led with and that the information given to the best of my knowledge and belief.	BY	MIN I. CHAYLE
above is true and complete t	O MIG BEEL OF MY MILE ! " G	TITLE SUPERVISOR DIS	TRICT # 3
	,	TITLE	Thomas miles mar # 1164
111 1 -	1/1/-	This form is to be filed	in compliance with RULE 1104.
Carles 1	Mallera	If this is a request for i	allowable for a newly drilled or deepenmental by a tabulation of the deviation of the devia
7.7	(Figure 1	Well, this form must be seen	accordance with RULE 111.

() 1 -Lu					
Carly Matters	_				
(Signature)					
Assistant Division Administrative Manager	_				
(Title)					

1981 June 18, (Date) If this is a request for allowable for a newly drilled or deepe 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 all able on new and recompleted wells.

Fill out only Sections I. H. III, and VI for changes of own well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filled for each pool in multiplicated mailly.