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	DISTRIBUTION	NEW MEXICO ON				
	SANTA FE		CONSERVATION COMMISS	SION	Form C-104	
	FILE	- KLWOESI	AND		Supersedes Old C-104 and C-1 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TR		TUDAL CAC		
	LAND OFFICE	_ AUTHORIZATION TO TR	MINDFORT OIL AND NA	TURAL GAS		
	TRANSPORTER OIL				•	
	GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	•••					
	Tenneco Oil Company					
		, CO 80155				
	Box 3249, Englewood, CO 80155  Reason(s) for filing (Check proper box)  Other (Please explain)					
	New Well Y	Change in Transporter of:	Other (Flease ex	(plain)		
	Recompletion	Oil Dry G				
	Change in Ownership		ensate			
				<del></del>		
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including I	Formation Ki	ind of Lease	Federal Legse No.	
	Jackson Com	1   Basin Dakota	Ste	ate, Federal or Fee	NM-04202	
	Location -			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Unit Letter 0 , 400	O Feet From The South Li	ne and 1790	Feet From The	East	
				. eet 1 10m 1 me <u>4</u>		
	Line of Section 9 To	wnship 28N Range	9W , NMPM,	San J	uan County	
			· · · · · · · · · · · · · · · · · · ·			
m.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of Oi	Address (Give address to w		•		
	Conoco	Box 460, Hobbs	Box 460, Hobbs, New Mexico 88240			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Gas		Box 990, Farmir		7401	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pige.	Is gas actually connected?	When	4040	
	give location of lanks.	; 0 ; 9 ; 28N ; 9W	No		ASAP	
		th that from any other lease or pool,	give commingling order nu	mber:		
IV. COMPLETION DATA OII Well Gas Well New Well Workover Deepen Pl					ack   Same Besty   Diff Besty	
	Designate Type of Completic	on – (X)	X	Deepen Plug B	ack   Same Resty.   Diff. Resty.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.	D.	
i	9/28/82	11/23/82	7500 ' KB	1	7493' KB	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing		
	6612' GR	Dakota	7314' KB		7412' KB	
1	Perforations 7314-19 KB.	7357-70' KB, 7374-79' KB		Depth (	Casing Shoe	
7437-39' KB, 7455-60' KB, 7465-72' KB, 7481-85' KB						
TUBING, CASING, AND CEMENTING RECORD						
Ī	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
I	12-1/4"	9-5/8" 36#	352' KB	354	CF	
	8-3/4"	7" 23#	5815' KB	<b>53</b> 28	CF 1707	
I	6-1/4"	4-1/2", 11.6, 10.5#	5629 - 7500' KB	321		
Į		2-3/8"	7412' KB			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume o	of load oil and must	be equal to or exceed top allow	
-	OII. WELL able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	imp, gas lift, etc.)		
Ļ	····			1 2/1		
- 1	Length of Test	Tubing Pressure	Casing Pressure	Choke	gite	
Ļ	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Out Phile	Water Phila			
- 1	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - M	ÇF	
L		<u> </u>	<u> </u>	- L % C		
				13. 1	Dice	
r	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	12.5		
	·	1	Parer Condensate/MMCF	Gravity	of Condensate	
}	2508 Testing Method (pitot, back pr.)	3 hours Tubing Pressure(shut-in)	Casing Pressure (Shut-in)	) Choke S		
	•	_	_	Choke S		
L	Back Pressure	1525 psi	1525 psi		3/4"	

Back Pressure 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.

1 anie	Wilson				
Menuel Wilson					
Production Analyst					
	tle)				
December 7, 1982					

(Date)

Original Signed by CHARLES GUALSON DEPUTY OIL & GAS INSPECTOR, DIST. #3 TITLE .

DEC 1 4 1999

APPROVED\_

OIL CONSERVATION COMMISSION

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, sell name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply