DISTRIBUTION SANTA FE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND I	AND Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE		AND OR FOIL AND	TATURAL G	A3			
	TRANSPORTER OIL							
	OPERATOR GAS	-						
1.	PRORATION OFFICE	1						
•	Tenneco Oil Company							
	Address			÷ ,				
	P.O. Box 3249, Englewo Reason(s) for filing (Check proper box		10:1 40!		* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *		
	New Well	Change in Transporter of:	Other (Please	explain)	-	W. was		
	Recompletion	Oil Dry Go	25 🔲			200 3 to 1		
	Change in Ownership	Casinghead Gas Conde	nsate					
	If change of ownership give name and address of previous owner					7		
	•		-					
H.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease	USA	Lease No.		
	Price	2E Basin Dakota	l	State, Federal		078390		
	Location	N	1500					
	Unit Letter B: : 1110 Feet From The N Line and 1520 Feet From The E							
ļ	Line of Section 13 Township 28N Range 8W , NMPM, San Juan County							
BTT	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
••••	Name of Authorized Transporter of Oil		Address (Give address t	o which approve	ed copy of this form is	to be sent)		
i	Conoco, Inc Box		Box 460, Hobbs	ddress (Give address to which approved copy of this form is to be sent)				
i	Name of Authorized Transporter of Cas		P.O. Box 1492, El Paso					
	El Paso Natural Gas Com If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? Whe					
į	give location of tanks.				ASAP			
	f this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:		•		
_ I		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	es'v. Dif:. Res'v.		
-	Designate Type of Completic	i. ^	1- X	<u> </u>				
Ì	6/6/83	Date Compl. Ready to Prod. 7/11/83	Total Depth 7555' KB		P.B.T.D. - 7510 ' KB <i>75</i>	(25		
ł	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay		Tubing Depth	,,,,		
	6417'GR	Dakota	7286 KB		7276'KB			
	Perforations Depth Casing Shoe 7286-7306'KB, 7384-7388'KB, 7420-7424'KB, -							
f	7280-7300 KB, 7384-738	TUBING, CASING, AND	CEMENTING RECOR	l				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CE			
-	12 1/4"	9 5/8"	257 KB		2360 9.37			
-	8 3/4" 6 1/4"	4 1/2"	3650 KB		937 24 0 7290			
ŀ		2 1/16"	7276'		7250			
	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 allow-							
ř	DIL WELL Date First New Oil Run To Tanks	<u> </u>	Producing Method (Flow, pump, gas lift, etc.)					
1		Ite First New Oil Run To Tanks Date of Test						
Ī	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
ŀ	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gae - MCF			
	·				<u></u>			
ŗ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	·	Gravity of Condensat	•		
	1598	26 hr.	-					
	Testing Method (pitot, back pr.)	Tubing Pressure(Shut-is)	Casing Pressure (Shut-	·in)	Choke Size 3/4"	i		
ן ני פע	back pressure CERTIFICATE OF COMPLIANC	2160psi	2160psi	ONSERVAT	TION COMMISSIO			
V 1. (CERTIFICATE OF COMPLIANC		8-1-83	ONSERVA		7.4		
1	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED, 19					
	commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Driginal Signed by FRANK T. CHAVEZ					
	\ () \ \ \ (\) \		TITLESQUEEN AS NAME OF STREET					
	(\), \(\),		This form is to be filed in compliance with RULE 1104.					
_	John Uh		to this is a request for allowable for a newly drilled or deepened					
_	(Signature)		tests taken on the w	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
-	Production Analyst		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.					
	7/27/83							
-	(Date)		well name or number	or transporter C-104 must	; or other such chan be filed for each s	ge or condition.		
	!		Separate Forms C-104 must be filed for each pool in multiply					