

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83

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OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dryden LS	Well No. 1A	Pool Name, including Formation Undes. Chacra	Kind of Lease State, Federal or Fee USA NM	Lease No. 012200
Location Unit Letter <u>I</u> : <u>2300</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>28N</u> Range <u>8W</u> NMPM. <u>San Juan</u> County				

III. 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)
Conoco Inc. Surface Transportation	P. O. Box 460, Hobbs, NM 88240
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)
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>I</u> Sec. <u>28</u> Twp. <u>28N</u> Rge. <u>8W</u>	No ASAP

If this production is commingled with that from any other lease or pool, give commingling order number _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ann Jolliver
(Signature)

Administrative Operations
(Title)

January 31, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 18 1986
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 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 Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.

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

IV. COMPLETION DATA

Designate Type of Completion — (X)									
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.		

Date Spudded	10-4-85	Date Compl. Ready to Prod.	1-26-86	Total Depth	4855' KB	P.B.T.D.	4811' KB
Elevations (D.F., RKB, RT, GR, etc.)	5834' GR	Name of Producing Formation	Chacra	Top Oil/Gas Pay	3165' KB	Tubing Depth	3176' KB
Perforations	2 JSPF 11' 22 holes			Depth Casing Shoe	4853' KB		

HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
12-1/4	9-5/8" csg	307' KB	225SX (251CF)				
8-3/4	7" csg	3604' KB	460SX (747CF)				
6-1/4	4-1/2" liner csg	4853' KB	180SX (265CF)				
--	1-1/4" tubing	3141' KB	--				

V. 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	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D	811 mcf	Length of Test	3 hrs	Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, back pr.)	Back Pressure	Tubing Pressure (Shut-in)	600 psi	Casing Pressure (Shut-in)	603 psi	Choke Size	3/4