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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

NEW MEXICO OIL CONSERVATION COMM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

I. Operator Tenneco Oil Company

Address P.O. Box 3249, Englewood, CO 80155

Reason(s) for Filing (Check proper box)

| | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|
| New Well | <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------|-----------------------|---|---|----------------------------|
| Lease Name <u>Omler A</u> | Well No. <u>4E</u> | Pool Name, Including Formation <u>Basin Dakota</u> | Kind of Lease State, Federal or Fee Federal SF | Lease No. <u>077085</u> |
|------------------------------|-----------------------|---|---|----------------------------|

Location

Unit Letter 0 : 940 Feet From The South Line and 1750 Feet From The East

Line of Section 25 Township 28N Range 10W , NMPM, San Juan 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) |
| <u>Conoco</u> | <u>Box 460, Hobbs, New Mexico 88240</u> |
| 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) |
| <u>El Paso Natural Gas</u> | <u>Box 990, Farmington, New Mexico 87401</u> |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | <u>0 25 28N 10W</u> <u>No</u> <u>ASAP</u> |

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't. | Diff. Res't. |
| | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| Date Spudded <u>11/3/80</u> | Date Compl. Ready to Prod. <u>1/5/81</u> | Total Depth <u>6578'</u> | P.B.T.D. <u>6549'</u> | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) <u>5809' gr.</u> | Name of Producing Formation <u>Dakota</u> | Top Oil/Gas Pay <u>6352'</u> | Tubing Depth <u>6375'</u> | | | | | |
| Perforations <u>6352-56, 6360-70', 6416-40', 6480-86', 6504-06', 6520-26', 6540-42'</u> | | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|----------------|----------------------|--------------|----------------------|
| <u>12-1/4"</u> | <u>9-5/8" 36#</u> | <u>275'</u> | <u>200 SX</u> |
| <u>8-3/4"</u> | <u>7" 23#</u> | <u>4727'</u> | <u>275 SX 575 SX</u> |
| <u>6-1/4"</u> | <u>4-1/2" 10.5#</u> | <u>6575'</u> | <u>230 SX</u> |
| | <u>2-3/8"</u> | <u>6375'</u> | |

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 slice able 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 WELL

| | | |
|--|---|---------------------------|
| Actual Prod. Test-MCF/D <u>Q = 2059</u> | Length of Test <u>3 hrs.</u> | Bbls. Condensate/MMCF |
| Testing Method (pilot, back pr.) <u>Back Pressure</u> | Tubing Pressure (Shut-in) <u>980 PSI</u> | Casing Pressure (Shut-in) |

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.

Carley Mathews
(Signature)
Assistant Division Administrative Manager
(Title)
January 12, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 26 1981
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT #3
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple