

AMENDED

Form C-104
Supersedes Old C-104 and C.
Effective 1-1-65NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator Tenneco Oil Company

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

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>7-E</u>	Pool Name, Including Formation <u>Bloomfield Chacra</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>07785</u>
Location Unit Letter <u>J</u> : <u>1620</u> Feet From The <u>South</u> Line and <u>1750'</u> Feet From The <u>East</u>				
Line of Section <u>36</u> Township <u>28N</u> Range <u>10W</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"/> <u>Conoco</u>	Address (Give address to which approved copy of this form is to be sent) <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"/> <u>Southern Union Gathering</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 808, Farmington, New Mexico 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>36</u>	Twp. <u>28N</u>	Rge. <u>10W</u>	Is gas actually connected? <u>No</u>	When <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 Restv.	Diff. Res.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>8/20/80</u>	Date Compl. Ready to Prod. <u>10/28/80</u>		Total Depth <u>6546'</u>		P.B.T.D. <u>6520'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5937' gr</u>	Name of Producing Formation <u>Chacra</u>		Top Oil/Gas Pay <u>3058'</u>		Tubing Depth <u>3208'</u>			
Perforations <u>3058-66', 3072-73'</u>					Depth Casing Shoe			

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>259'</u>	<u>225sx</u>
<u>8-3/4"</u>	<u>7" 23#</u>	<u>6540' KB</u>	<u>1st - 270 sx</u>
			<u>2nd - 825 sx</u>
	<u>1 1/2"</u>	<u>3058'</u>	<u>3rd - 1050 sx</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 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D <u>1138</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>950 PSI</u>	Casing Pressure (Shut-in) <u>950 PSI</u>	Choke Size <u>3/4"</u>

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.

Charles H. Williams
(Signature)
Assistant Division Administrative Manager
(Title)
December 1, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 1 1980 . 19
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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in a multi-pool well.