BO. OF COPING RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				
Operator Tenneco	Cil (Comp	any	
Address P.O. Box				
Reason(s) for filing	(Check	proper	box	
New Well				
Recompletion	Ц			
Change in Ownership				
<u> </u>				

NEW MEXICO OIL CONSERVATION COMMISSION

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

SANTA FE	REQUEST	FOR ALLOWABLE	Effective 1-1-65
FILE	·	AND	C 4 5
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS
LAND OFFICE	1		
TRANSPORTER OIL			
GAS	_		
OPERATOR	_		
PRORATION OFFICE			
Operator Cil Company	•		
Tenneco Cil Compan	Y		
Address	lowood CO 80155		
P.O. Box 3249, Eng		Other (Please explain)	
Reason(s) for filing (Check proper box		Other (Flease explain)	•
New Well	Change in Transporter of:	₁₈ KX	
Recompletion	OII Dry Go		
Change in Ownership	Casinghead Gas Conde	nsate	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lea	se Lease No
Lease Name Omler A	1E Basin Da	l	raler Foo Federal 8207785
	TE Dubin Du		
Location	North	ne and 1590 Feet From	The West _
Unit Letter F' : 18	30 Feet From The North Lin	ne dnaPeet Flori	
26 -	ownship 28N Range	10W , NMPM,	San Juan County
Line of Section 26 To	Amenth COM House	-311	
DECLOS ASSOCIATE ASSOCIATE	TER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of O	or Condensate X	Andress (Give address to which app	roved copy of this form is to be sent)
Conoco	_	Box 460, Hobbs, New Me	exico 88240
Name of Authorized Transporter of C	asinghead Gas or Dry Gas XX	Address (Give address to which app	roved copy of this form is to be sent)
Southern Union Gat		Box 808, Farmington, I	New Mexico 87401
	Unit Sec. Twp. P.ge.		/hen
If well produces oil or liquids,	F 26 28N 10W	No	ASAP
give location of tanks.			
	ith that from any other lease or pool	, give commingting order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Complet	ion – (X)	х	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7/16/80	8/29/80	6580'	6456'
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth
5787' gr.	Dakota	6234'	5896'
Perforations			Depth Casing Shoe
•	84', 6362-64', 6377-79'		
5254 14 , 5254 655	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	9-5/8" 36#	343'	250 sx
12-1/4" 8-3/4"	7" 23#	6577'	750 sx
3/4			
		<u> </u>	i
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load t	oil and must be equal to or exceed top all
OII WELL		depth or be for full 24 hours) Producing Method (Flow, pump, gas	life and all the
Date First New Oil Run To Tanks	Date of Test	Producing Method (Fiber, Pamp, 200	
		Cosing Pressure	Chr. Size
Length of Test	Tubing Pressure	Cusing Freezews	A STATE OF THE STA
		Water-Bbis.	Gog-Mot
Actual Prod. During Test	Oil-Bbls.	Adiet - Onte.	TITLE COMPANIES
			A OF CAME
GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	gots. Consensult/MMCF	
2310'	3 hrs.	Cosing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Suer_Im)	3/4"
Back Pressure	925 PSI		
. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION
			ANK I. CHAVEZ . 19
I hereby certify that the rules an	d regulations of the Oil Conservation	n APPROVED Driginal Signed by FRA	ANK I. CHAVEL
	with and that the information give the best of my knowledge and belief	f. BY	
above is true and complete to	/	11	100 9F 3
<i>a</i> -		TITLE SUPPRYSOF THE	三 進 3
	/ // ·	This form is to be filed	in compliance with RULE 1104.
(1 / / / // //	2//0:5		the same and welled or deepe
my la	enature)	well, this form must be accor- tests taken on the well in a:	musuled by a reprietion of our man-
/	•	II same taken on the Well ID Si	cordince with women
Assistant Division Ad	ministrative Manager Tule	All sections of this form spie on new and recompleted	must be filled out completely for all wells.
•	4 m44/	min a male france !	t to and VI for changes of own
February 16, 1981	/Data i	well name or number, or trans	bouter of other ancy cuante of course.
	(Date)	Separate Forms C-104 :	must be filed for each pool in multi
		amminend malls	