NO. OF COPIES REC	Elved	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
I NANSFORTER	GAS		
OPERATOR			
PRORATION OFFICE			

C-104 rsedes Old C-104 and C-11

		1 1				
DISTRIBUTION			NEW MEXICO OIL CONSERVATION COMMISSION			
SANTA FE			REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	Form (Super Effect		
FILE U.S.G.S.						
LAND OFFICE						
IRANSPORTER	OIL					
	GAS					
OPERATOR						
PRORATION OFFICE						
Operator						

	FILE	A KEMUESI	FOR ALLOWABLE		Effective 1-1-65			
	U.S.G.S.	1	AND					
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND N	NATURAL GAS				
	TOIL TOIL	-						
	TRANSPORTER GAS	4						
		_						
	OPERATOR	_						
ı.	PRORATION OFFICE Operator				· · · · · · · · · · · · · · · · · · ·			
		2						
	Tenneco Oil (Company						
		40 - 1						
		49, Englewood, CO 80155						
	Reason(s) for filing (Check proper box		Other (Please	explain)				
	New We!I	Change in Transporter of:						
	Recompletion	Oil Dry G	as L					
	Change in Ownership	Casinghead Gas Conde	nsate					
			" · · · · · · · · · · · · · · · · · · ·					
	If change of ownership give name and address of previous owner							
			· · ·					
11.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well No. Pool Name, Including F	formation	Kind of Lease		Lease No.		
	Michener	1E Basin Dak	ota	State, Federal or Fee	Federal SF	077107		
	Location				1040141 01	_ <u></u>		
	Unit Letter B : 800	Teet From The North Lin	ne and 1840	Feet From The	East			
	Unit Letter B; 800	J Peet From The NOTCH En	ne dnd	reet riom the	назс			
	Line of Section 28 Tov	wnship 28N Range 9	W , NMPM	San Juan		County		
	Line of Section 20	ZON Hange 9	, , , , , , , , , , , , , , , , , , , ,	Sali Juan		,		
3 T T	DESIGNATION OF TRANSPORT	TED OF OUT AND NATURAL GO	46					
	Name of Authorized Transporter of Oil		Address (Give address t	o which approved cop	y of this form is to	be sent)		
			D 460 H-1-1-	37 36	00040			
	CONOCO Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	Box 460, Hobbs	. New Mexico	y of this form is to	be sent)		
			1			,		
	Northwest Pipeline	10 In-	Box 1526, Salt		<u>tah 84111</u>			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected	wher.				
	give location of tanks.	B 28 28N 9W	No		ASAP			
	If this production is commingled with	th that from any other lease or pool,	give commingling order	number:				
IV.	COMPLETION DATA							
	Designate Type of Completic	Oil Well Gas Well	New Well Workover	Deepen Flug	Back Same Res	v. Diff. Resfv		
	Designate Type of Completion	<u>i X</u>	X 1	<u> </u>		1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1	r.D.			
	4/30/81	6/19/81	7135'	7	112'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubir	ng Depth			
	6347' gr.	Dakota	6915'		942'			
	Perforations	1		Depth	Casing Shoe			
	6915-20', 6956-63', 702	26-29 <mark>', 7035-39', 7054-5</mark>	8'. 7084-86'					
		TUBING, CASING, AN		D				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEME	ENT		
	12-1/4"	9-5/8" 36#	269	275	SX			
	8-3/4", 7-7/8"	4-1/2" 10.5,11.6			: 803sx, 2n	d. 1347sx		
	8-3/4", 7-7/8"	4-1/2" 10.5,11.6	11.35	150	: 0033A, ZII	u. 154732		
		2-3/8"	6942'					
		1		41 1 1	. 1			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this d	after recovery of total volu: epth or be for full 24 hours	me of load oil and mus }	it be equal to or ex	ceed top attou		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow					
	Date bite: New Oil Man 19 1 dura	54.6 01 1001	, , , , , , , , , , , , , , , , , , , ,		•			
		Tubing Pressure	Casing Pressure	THE POST OF THE PERSON NAMED IN COLUMN	1612			
	Length of Test	I doing Pieseme	Casing () data	AFI HIVI				
			Water - Bbls.	/ KLULL!	MCF			
	Actual Prod. During Test	Oil-Bbls.	water - DDIS.	J Busham Gus	001			
	<u> </u>		<u> </u>	JUN261	981			
				OIL CON. C	·MA			
	GAS WELL			OIL CON. C	~			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	· / DISTON	of Condensate			
	1631	3 hrs.						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in) chok	Size			
	Back Pressure	1750 PSI	1750 PSI		3/4"			
. ,				ONSERVATION				
VI.	CERTIFICATE OF COMPLIAN	CE		7-3-81	JUL 3 - 19	001		
		APPROVED	<u> </u>	10 - 13	101			
	I hereby certify that the rules and a Commission have been complied w							
	above is true and complete to the							
					SUPERVISOR DISTRICT # 3			
	/ //		TITLE					
			This form is to	be filed in complia	nce with RULE	1104.		
	(Midly) las	There	75 12 10 0 000	ant for allowable for	or a newly driller	d or deepened		
	(Siens	ature)	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.					
	Asst. Division Adminis		tests taken on the	Well in accordance	WALD RULE 111.	alv for ellom		
		trative manager	All sections of sble on new and re-	this form must be formulated wells.	mied out complet	era tot strom		
	. (11)	Il spre ou new sug ter	"Ombiging matte.		•			

June 22, 1981

(Date)

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.

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