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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>Tenneco Oil Company</b>	
Address <b>P. O. Box 1714, Durango, Colorado</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>Effect 1st delivery. <i>change well no.</i></b> <b>Well has been S.I.</b> <b>Authorization to transport only.</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	

If change of ownership give name and address of previous owner **Delhi-Taylor, P. O. Box 1198, Farmington, New Mexico**

Lease Name <b>Wilch</b>		Well No. <b>1</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>795</b> ; Feet From The <b>N</b> Line and <b>1705</b> Feet From The <b>E</b> Line of Section <b>26</b> , Township <b>29</b> Range <b>8</b> , NMPM, <b>San Juan</b> County				

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Plateau, Inc.</b>		Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 108, Farmington, New Mexico</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas</b>		Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1565, Farmington, New Mexico</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>NE/4</b>	Sec. <b>26</b>	Twp. <b>29</b>	Rge. <b>8</b>
Is gas actually connected? <b>Yes</b>		When <b>7-23-65</b>		

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>10-27-62</b>	Date Compl. Ready to Prod. <b>11-30-62</b>	Total Depth <b>7550</b>		P.B.T.D.					
Pool <b>Dakota</b>	Name of Producing Formation <b>Dakota</b>	Top Oil/Gas Pay <b>7339</b>		Tubing Depth <b>7225</b>					
Perforations				Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>13-3/4</b>	<b>10-3/4</b>	<b>162</b>	<b>125 sx.</b>
<b>9-7/8</b>	<b>7-5/8</b>	<b>3206</b>	<b>190 sx.</b>
<b>6-3/4</b>	<b>4-1/2</b>	<b>7525</b>	<b>620 sx.</b>
	<b>2-3/8</b>	<b>7225</b>	

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 <b>1744</b>	Length of Test <b>24 hrs.</b>
Testing Method (pitot, back pr.) <b>AOF</b>	Tubing Pressure <b>152</b>
Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate <b>-</b>
Casing Pressure <b>500</b>	Choke Size <b>3/4"</b>

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.	
Original Signed By: <b>J. H. WATKINS</b> (Signature) <b>J. H. Watkins</b> District Office Supervisor (Title) <b>7-29-65</b> (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <b>JUL 30 1965</b>	BY <b>Original Signed Henry C. Arnold</b> Supervisor Dist. # <b>3</b>
TITLE	

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 Sections I, II, III, and VI only 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 completed wells.