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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

I.

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hughes	Well No. 1-1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter N ; 790 Feet From The 5 Line and 1850 Feet From The West Line of Section 21 , Township 29 Range 8 , 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 type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1565, Farmington, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit SW/4	Sec. 21	Twp. 29
	Pge. 8	Is gas actually connected? Yes	When 7-23-65

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'v.	Diff. Res'v.
		X	X					
Date Spudded 11-3-62	Date Compl. Ready to Prod. 12-13-62		Total Depth 7632		P.B.T.D. -			
Pool Basin Dakota	Name of Producing Formation Dakota		Top 2222 Gas Pay 7283		Tubing Depth 7322			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	10-3/4	161	125 sx.
9-7/8	7-5/8	3225	300 sx.
6-3/4	4-1/2	7632	305 sx.
	2-3/8	7322	

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 4142	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pitot, back pr.) AOF	Tubing Pressure 269	Casing Pressure 994	Choke Size 3/4"

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:
J. H. WATKINS

(Signature) **J. H. Watkins**

District Office Supervisor

(Title)

7-29-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 30 1965**, 19

BY **Charles E. Jones, Jr. G. Arnold**

TITLE **Supervisor Dist. # 3**

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.