

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	2
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

Operator TENNECO OIL COMPANY	
Address 720 S. Colorado Blvd. Penthouse, Denver Colorado 80222	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

III. DESCRIPTION OF WELL AND LEASE

Lease Name Roelofs	Well No. 1	Pool Name, including Formation Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078415
Location Unit Letter F : 2115 Feet From The N Line and 1790 Feet From The W				
Line of Section 15 Township T29N Range R8W , NMPM, San Juan County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) 555 17th St. Dnever, Colorado 80202					
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) Box 990, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					no	Future

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 3-19-78	Date Compl. Ready to Prod. 5-10-78	Total Depth 7610		P.B.T.D. 7540					
Elevations (DF, RKB, RT, GR, etc.) 6329' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7292		Tubing Depth				
Perforations 7293-7526 w/ 47 Holes					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13-3/4"	9-5/8"		267		250				
8-3/4"	7"		3409		535				
6-1/4"	4-1/2"		7610		330				

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 1872 AOF	Length of Test 24	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back PR	Tubing Pressure (shut-in) 119	Casing Pressure (shut-in) 597	Choke Size

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.

Curly Hatten
(Signature)

Administrative Supervisor

(Title)

7/24/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED 1978, 19

BY Original Signed RAY Z

TITLE DEPUTY COMMISSIONER, DIV. 4

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 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 completed wells.