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TRANSPORTER	OIL 1 GAS 1
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-
Effective 1-1-65

API 30-045-23343

Operator
Tenneco Oil Company

Address
720 So. Colo. Blvd., Denver, Co. 80222

Reason(s) for filing (Check proper box)	Other (Please explain)
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

DESCRIPTION OF WELL AND LEASE *USA-SF-078416-A

Lease Name Wilch	Well No. 5	Pool Name, including Formation Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. *
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Location

Unit Letter L ; 2450 Feet From The South Line and 1160 Feet From The West

Line of Section 23 Township 29-N Range 8-W , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Co.	Box 256, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
L 23 29N 8W	No ASAP

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		X	X					
Date Spudded 4/24/79	Date Compl. Ready to Prod. 5/27/79	Total Depth 7670'	P.B.T.D. 7606'					
Elevations (DF, RKB, RT, GR, etc.) 6455' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 7346'	Tubing Depth 6371'					
Perforations 88 holes from 7530 - 7790; 44 holes from 7346 - 7368			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	221'	250
8 3/4"	7"	3503'	720
6 1/4"	4 1/2"	7670'	390
	2 3/8"	6371'	

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)

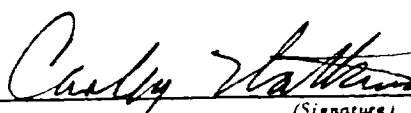
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 3361	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (Shut-in) 2285	Casing Pressure (Shut-in) 2295	Choke Size 3/4"

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.


(Signature)
Administrative Supervisor
(Title)
6/20/79
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUN 25 1979
BY Original Signed by A. R. Kendrick
SUPERVISOR DISTRICT # 3
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.