

DISTRIBUTION	
ANTA FE	
ILE	
U.S.G.S.	
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-111
Effective 1-1-65

API 30-045-23477

I. Operator
Tenneco Oil Company
Address
720 South Colorado Blvd., Denver, Co. 80222
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter oil: ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

*USA SF 078416 A

Lease Name Wilch	Well No. 4	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. ★
Location Unit Letter <u>D</u> ; <u>900</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>29W</u> Range <u>8W</u> , 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 checked="" type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 25	Twp. 29W	Rge. 8W	Is gas actually connected? No	When ASAP

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 7/1/79	Date Compl. Ready to Prod. 8/8/79	Total Depth 7500'		P.B.T.D. 7490'				
Elevations (DF, RKB, RT, CR, etc.) 6347' GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 7230'		Tubing Depth 7268'			
Perforations 96 holes from 7230' to 7462'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		224'		180			
8 3/4"	7"		3706'		700			
6 1/4"	4 1/2"		7500'		432			
	2 3/8"		7268'					

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 2323	Length of Test 3hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (Shut-in) 2375	Casing Pressure (Shut-in) 2425	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.

Carley Nathan
(Signature)
Administrative Supervisor
(Title)
9/5/79
(Date)

OIL CONSERVATION COMMISSION

SEP 14 1979

APPROVED _____, 19____
Original Signed by A. R. Kendrick
BY _____
TITLE _____ SUPERVISOR DISTRICT # 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 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 multiple