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

API 30--045-23515

I. Operator: Tenneco Oil Company

Address: 720 S. Colorado Blvd., Denver, Colorado 80222

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

New Well	X	Change in Transporter of:			
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE — *USA-SF-078049

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hughes A	3	Basin Dakota	State, Federal or Fee Federal	*

Location: Unit Letter H ; 2170' Feet From The North Line and 730' Feet From The East

Line of Section 28 Township 29N Range 8W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	Box 108, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas or Dry Gas	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
	H	28	29N	8W	No	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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/28/79	10/5/79	7490'	7480'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6367'	Dakota	7160'	7311'
Perforations			**Depth Casing Shoe**
7160'-7460' (64 Holes)			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	216'	125 Sacks
8 3/4"	7"	3758'	550 Sacks
6 1/4"	4 1/2"	7490'	325 Sacks
	2 3/8"	7311'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
4073	3 Hours		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
back pressure	2175	2175	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.

(Signature)

Administrative Supervisor

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY Original Signed by Frank T. Chavez

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