		· 	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			<u></u>
LAND OFFICE			<u> </u>
TRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR		L	<u> </u>
DODGATION OFFICE		İ	1

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-

ł	SANTA FE	REQUEST FO	R ALLOWABLE	Supersedes Old C-104 and C- Eiloctive 1-1-65		
ł	FILE		IND			
t	U.S.G.S.	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS			
Ī	LAND OFFICE					
t	TRANSPORTER OIL					
	GAS					
ı	OPERATOR			·		
1.	PRORATION OFFICE					
	Operator					
	Tenneco Oil Compar	ny				
	Address	-4 CO 80155				
	Box 3249, Englewoo	3249, Englewood, CO 80155 Other (Please explain)				
	Reason(s) for filing (Check proper box)	Change in Transporter of:				
	····	Oil Dry Gas		•		
i	Recompletion  Change in Ownership	Casinghead Gas Condensa	·• 🔲 📗			
	Change in Control					
	If change of ownership give name					
	and address of previous owner					
	DESCRIPTION OF WELL AND LE	EASE	Kind of Lease	Lease No		
ш.	Lease Name		nation Federal of	F••Federal SF 078487		
	Pritchard	8 Basin Dak	ota	1000101		
	Location			Fact		
	Unit Letter P; 800	Feet From The South Line	and 800 Feet From The	East		
	Onst Letter			San Juan County		
	Line of Section 4 Town	ship 29N Range 8V	, NMFM,			
m.	DESIGNATION OF TRANSPORTE	or Condensate	Andress (Give address to which approved	copy of this form is to be sent)		
	None of Authorized Transporter of Oil		P O Box 460, Hobbs, Nev	Mexico 88240		
	Conoco	nghead Gas or Dry Gas	Address (Give address to which approved	copy of this form is to be sent)		
	Nesse of Authorized Transporter of Castr					
	El Paso Natural	Unit Sec. Twp. P.ge.	is gas actually connected? When			
	If well produces oil or liquids,	p 4 29N 8W	No .	ASAP		
	large to section of torks.		ine communating order number:	•		
	If this production is commingled with	that from any other lease or pool, g	The committee of the control of the	TOUR BOOK		
IV	. COMPLETION DATA		New Well Workover Despen	Plug Back Same Res'v. Diff. Res'		
	Designate Type of Completion	n (X)	Х	OFR		
		Date Compl. Ready to Prod.	Total Depth	PHINE		
	Date phases	2/19/80		1 7 7 68		
	12/15/80 Elevations (DF, RKB, RT, GR, etc.;	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	6322'	Dakota	7306' FE	Depth Casing Shoe		
•	Perforations 6306-221, 7	338-44', 7442-46', 7468-	72', OIL	CON. COM.		
	7498-7502'	2500 261		DIST. 3		
	1490=1-11/2-	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	225 sx		
	12-1/4"	9-5/8" 36#	269'	150 sx		
	8-3/4"	7" 23#	2504'	440 sx		
	6-1/4"	4-1/2" 10.5#,11.6#				
		2-3/8"	1 7284! feer recovery of social volume of load oil a	and must be equal to or exceed top alic		
•	V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	nin or be for full 24 nower.			
	Olf WFI.I.					
	Date First New Oil Run To Tanks	Late of the				
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	,				
ec.	700	Citi-Bble.	Water - Bbis.	Gas-MCF		
	Actual Prod. During Test					
GAS WELL Gravity of Condensate				To-man of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Comments		
	2597	3 hrs.		Chore Size		
	Testing Method (putot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	3/4"		
	Back Pressure	2075 PSI	2150'			
_	VI. CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION		
1	VI. CERTIFICATE OF COME EME	<b></b>	MAR_	4 1981		
		regulations of the Oil Conservation	APPROVED			
I hereby certify that the rules and regulations of the Oil Conservation  Commission have been complied with and that the information given  Commission have been complied with and that the information given  Original Signed by FRANK I. CHAVE		NK T. CHAVEZ				
	Commission have been complied with and that the indicates and belief, above is true and complete to the best of my knowledge and belief.		SUPERVISOR DIST	SUPERVISOR DISTRICT # 3		
	•		TITLE	TITLE		
This form is to be filed in compliance with			compliance with RULE 1104.			
		To the a		If this is a request for allowable for a newly artiful of deviati		
	Mosly Sie	(Signature) well, this form must be accompanied with RULE 111.				
		At any naministrative Manager . It serves of this form must be filled out completely to				
	(Title) sbie on new and recompletes were to charge of			am for absence of DWB!		
	Fill out only Sections 1. II. III. and VI for Enanges		II. III. and VI for changes of condition			
	February 20, 1981  (Date)  Well name or number, or transporter, or other such change of Call  Separate Forms C-104 must be filed for each pool in m			at he filed for each pool in multip		
			Separate Forms C-10: Eu	<del>••</del> • <del>••</del> •		