				1
	NO. OF COPIES RECEIVED	1		
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSI	ON Form C+104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1
	FILE	_	AND	Effective 1-1-65
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE			
	IRANSPORTER GAS			and the state of t
	OPERATOR			A CONTRACTOR OF THE CONTRACTOR
ı.	PRORATION OFFICE	<u> </u>		
				.002
	Tenneco Qil Company Address P. Q. Box 3249, Englewood, CQ 80155			MAR 19 1982 MAR 19 1982 OIL CON. COM OIL DIST. 3
	Reason(s) for filing (Check proper box	<u> </u>	Other (Please exp	
	New Well	Change in Transporter of:		olain) OIL DIST. 3
	Recompletion	Oil Dry G	as 🔲	The state of the s
	Change in Ownership	Casinghead Gas Conde	nsate	
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND		- IV	d of Loren
		Well No. Pool Name, Including F	i	d of Lease No.
	Hughes Location	5E Basin Dakota	Sid	SF-078046
		70 Feet From The South Lis	ne and <u>1710</u> F	eet From The West
	Line of Section 20 Tox	make 20M Baras	On MADA	
	Line of Section 20	wnship 29N Range	8W , NMPM,	San Juan County
11.	DESIGNATION OF TRANSPOR	FER OF OIL AND NATURAL GA		sich approved copy of this form is to be sent)
	 Conoco	_	Box 460, Hobbs.	NIM 88240
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas 🔀	Address (Give address to wh	nich approved copy of this form is to be sent)
	El Paso Natural Gas Box 990, Farmington, NM 87401			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When
	give location of tanks.	N 20 29N 8W	No	ASAP
	• · · · · · · · · · · · · · · ·	th that from any other lease or pool,	give commingling order nur	nber:
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover D	Peepen Plug Back Same Res'v. Diff. Res'v
	Designate Type of Completic	on – (X)	i v	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	1/17/82	3/8/82	7650' KB	7638' KB
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	6458' GR	Dakota	7346' KB	
	Perforations	26 75011 7541 441 750		Depth Casing Shoe
	7346-60', 7437-41', 7496-7501', 7541-44', 7580-89' KB TUBING, CASING, AND CEMENTING RECORD			
		T	DEPTH SET	CACYC CENENT
	HOLE SIZE	CASING & TUBING SIZE	296'KB	SACKS CEMENT
	12 - 1/4" 8 - 3/4"	9 - 5/8"	3670'KB	400
	6-1/4"	4-1/2"	7650'KB	500
	¥/3	2-3/8" tb		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume o	f load oil and must be equal to or exceed top allow
	OIL WELL	able for this de	epth or be for full 24 hours)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)
1	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
i				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	GAS WELL		T-0.	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	1669	3 hours	Castas Dana da Shah da S	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	Choke Size 3/4"
_	Back Pressure	1795 psi	1975 psi	
1.	CERTIFICATE OF COMPLIANCE	CE	OIL CON	SERVATION COMMISSION
			APPROVED MA	R 20 100m
	I hereby certify that the rules and r Commission have been complied w	ith and that the information given	Original Canal by	
	above is true and complete to the	best of my knowledge and belief.	BY Original Signed by	mict # 3

Production Analyst (Title)

(Date)

March 16, 1982

_, 19 _ Original Signed by FRANK T. CHAVEZ SUPERMISON PLATRICT #

TITLE

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.

Fitl 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