NO. UF COPIES REC	Elveo	1	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.	I .		
LAND OFFICE	I		
TRANSPORTER	OIL		
	GAS	<u> </u>	<u>L</u>
OPERATOR			
PROBATION OF	ICE		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Ellective 1-1-65

U.S.G.S.				1	AUTHO	RIZAT	ION TO TE	AND RANSPOR	T OIL AND	NATURAL G	AS		a de la companya de l
LAND OFFICE			_										, K
TRANSPORTER	GAS										111	47 138	2
PROBATION OF	FICE	$\vdash$	$\vdash$	4							30	CON CO	
Operator		i	Щ.						<del></del>		- + Other	CIST 8	
Tenneco Oi	il Con	npan	У			. <u>.                                   </u>			· · · · · · · · · · · · · · · · · · ·		er se		
Address P. O. Box					1, CO	8015	5				·		
Reason(s) for filing	(Check s	roper	box		Change in	Transpo	rter of:		Other (Pleas	e explain)			
New Well Recompletion	Ä				Dil	[	Dry.	Gas					1
Change in Ownershi	. —			(	Casinghea	nd Gas	Cond	densate					
If change of owners			ne										
DESCRIPTION O	F WEL	<u>.L A:</u>	<u>ND</u>	LEAS	Œ					Kind of Lease		<del></del>	Lease No.
Wilch					4E		me, including sin Dako			State, Federal	crFee Fe	deral SF	-
Location				<u>i</u> _	71		5111 Dake						
Unit LetterL		.:	L55	0	Feet From	n The	South L	ine and	815	Feet From T	he Wes	t	
Line of Section	25		To	wnship	29N	<u> </u>	Range	8W	, NMPN	, Sa	n Juan		County
DESIGNATION O						AND N		Addres	s (Give address	to which approv	ed copy of th	is form is to i	be sent)
Giant Ref	ining	Соп	npa	ny				Р.	O. Box 25	6, Farmin	gton, NM	87401	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas _X						1	s (Give address				be sent)	
	El Paso Natural Gas							O. Box 99			87401		
If well produces oil give location of tan	ks.			L	L 25 29N 8W No						ASAP		
If this production i COMPLETION D		ingle	d wi	ith the		y other !	Gas Well	l, give co		Deepen	Plug Back	Same Resty	. Diff. Restv.
Designate Ty	pe of C	ompl	leti.		(X)		! X	Х	 	!	P.B.T.D.	1	
Date Spudded				Date	Compl. R	-	Prod.	Total I	7470' KB		1	' KB	
4/6/82 Elevations (DF, RK	D DT C	P		Name	6/1 of Produ	./82	mation		1/Gas Pay		Tubing Dep		
6340' gr.			٠.,			ota			7216' KB		7350	' KB	
Perforations											Depth Casir	g Shoe	
7216-40'KB,	7324	-27	'KE	3, 73							<u> </u>		
								ND CEME	NTING RECOI		5.4	CKS CEME	NT
12-1/	SIZE	_			9-5/8"		36#	<del></del>	303' H		250	ICKS CEME	
8-3/					<del>3-3/8-</del> 7"		23#		3496' I		750		
6-1/					4-1/2"	10	.5, 11.6	5#	7470' I	B	400		
						2-3/8		7350					
TEST DATA AN	D REQ	UES	T F	OR A	LLOWA	BLE	Test must be able for this	e after reco	very of total vol: I for full 24 hour	ume of load oil ( s)	ind must be e	qual to or exc	ceed top allow-
OIL WELL Date First New Oil	Run To	Tanks		Date	of Test		2010 /01 11110		ing Method (Flo		i, etc.)		
Length of Test				Tubi	Tubing Pressure		Casing	Casing Pressure		Choke Size			
Actual Prod. During	Test			011-	Bbis.			Water-	Bble.		Gas-MCF		
GAS WELL						_							
Actual Prod. Test-	MCF/D		_	Leng	th of Tes	t		Bbis.	Condensate/MMC	F	Gravity of	Condensate	
1040					3 hrs	3.			Pressure (Shu	-(n)	Choke Size		
Testing Method (pii				Tubi		•	•	Casing	-		3/4		
Back Pres		-		ice.	2225	psi	<del></del>	_1	2385 psi OIL	CONSERVA			
CERTIFICATE	OF CO	MPL)	IAN	ICE				7-	- 72	JUL, 1			
I hereby certify th Commission have	<b>Laca</b> 6.		-	with a	nd that	the into	imation give	n	Original Signe			, 19	9
above is true and complete to the best of my knowledge and belief.				.   BY-	TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3  This form is to be filed in compliance with RULE 1104.								
-													
Denise Welson (Signature)					H	as a state of the							
(Signature)					- 11	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.							
Production Analyst					_ 11	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 multiply							
(Title)				11									
June 3, 1982 (Date)					well								
					11								