	WO. OF COPIES MECSIFED				
	DISTRIBUTION	-			
	NEW MEXICO OIL		CONSERVATION COMMISSION	Form C-104	
	REGUEST FOR ALLOWABLE Effective 1-1-65			Supersedes Old C-104 and C-1 Eliective 1-1-65	
	FILE	AND			
	U.\$.G.3.	AUTHORIZATION TO TE	RANSPORT OIL AND NATURAL	GAS	
	LAND OFFICE	-			
	TRANSPORTER OIL	-		and the second second	
	GAS	4			
	OPERATOR	4			
1.	PRORATION OFFICE				
	Operator O/1 Command				
	Tenneco Oil Company				
	1 % 1 % 10 × 10				
	Box 3249, Englewood,			1 0 0 0	
	Reason(s) for t-ling (Check proper box) Other (Please explain)				
	New Weil X Change in Transporter of:				
	Recompletion Oil Dry Gas				
	Change in Ownership	Casinghead Gas Cond	densate		
	If change of ownership give name				
	and address of previous owner	<u> </u>			
п	DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including	Formation Kind of Lea	Lease No.	
	Hughes A	3E Basin Dakota	State, Feder	ci cr F - SF - 078049	
	Location	OL BUSIN BUNGO	· · · · · · · · · · · · · · · · · · ·		
	- 540 Courth				
	Unit Letter 1 : 540 Feet From The EAST Line and 1035 Feet From The 500011				
	Line of Section 28 To	waship 29N Range	8W , NMPM, San Ji	Jan County	
	Line of Section Z8 To	waship ZJII Hange	7,100,710,710,710	- County	
	PROJECT ARION OF TRANSPOR	TED OF OH AND NATURAL	7.45		
111.	Name of Authorized Transporter of Oil or Condensate XX Augress (Give address to which approved copy of this form is to be sent)				
		COR BY 1 D #451 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Plateau, Inc. 501 Airport Dr., #151, Farmington, NM 8/401 Name of Authorized Transporter of Casinghead Gas or Dry Gas X. Address (Give address to which approved copy of this form is to be sent)				
	If well produces oil or liquids,			ASAP	
	give location of tanks.		no	7371	
	If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA				
	Designate Type of Completi	(V)	i i i i i i i i i i i i i i i i i i i	P.ug Back Same Hes.V. Din. Hes.	
	Designate Type of Complete		, X	! ! !	
	Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
	7/10/82	9/10/82	7525' KB	7473' KB	
	Elevations (DF, RKE, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	6376' GR	Dakota	7230' KB	7363' KB	
	Perforations 7230-52' KB.	7260'63' KB, 7328-38' KE	3.	Depth Casing Shoe	
	, 200 02 , 12,	7366-70' KB, 7432-38'	КВ		
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4"	9-5/8", 36#	344' KB	354 CF C1-B	
	8-3/4"	7", 23#	3471 KB	600.5 CF C1-B	
	6-1/4"	4-1/2" 10.5, 11.6#	3284-7519 KB	718 CF C1-B	
	0-1/4	2-3/8"	7363' KB		
			 		
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)				
	OII, WELL Date First New Oil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Ci. Mun . b . daks	24.4 61 1441	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,	
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	. daing Pissaula			
		i Dili	Water Phia	Gas - MOF	
	Actual Pros. During Test	Cil-Bbis.	Water-Bbis.	- WO1	
				1	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	1927	3 hrs.		-	
	Rack Proceure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 1650 DSi	Choke Size 3/4"	
	I KACK DAGCCIIAD	TOTAL DET	I DOU UST	ı J/Ŧ	

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.

Production Analyst

(Date)

September 15, 1982

(Title)

LE _____SUPERVISOR DISTRICT 事 3

OIL CONSERVATION COMMISSION

5 1982

10-5-82

APPROVED.

By Original Signed by FRANK T. CHAVEZ

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.

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.

sble 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

