## DISTRIBUTION

110

	ANTA FE						FOR ALLOWABLE				Form C-104 Supersedes Old C-104 and C-1		
	ILE					AND			Eff	Effective 1-1-65			
	J.S.G.S.	AUTH	ORIZATION TO	TRA	NSPOR'	TOIL AND I	NATURAL	GAS					
	LAND OFFICE						,						
	TRANSPORTER	OIL	$\dashv$										
	OPERATOR	AS	-										
1.	PRORATION OFFIC	E											
••	Operator	Toward Odd Company											
	Tenneco Oil C	iny					···	MR	<b>a</b>				
	P.O. Box 3249, Englewood, CO 80155						Int						
	Reason(s) for filing (Ch			Other (Please explain)				ECEIVED					
	New Well	]		Change	in Transporter of:				•	FEB	2310		
	Recompletion	₹		Oil	<del></del>	ry Ga	ıs 🔲			011 00	- J 19,	84	
	Change in Ownership		Casingh	ead Gas Co	onder	densate				<u>, 70</u>	)4		
	P.O. Box 3249, Englewood, CO 80155  Reason(s) for filing (Check proper box) 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												
ũ.	DESCRIPTION OF V	WELL	AND L	EASE							-	and the state of	
	Lease Name Hughes -			Well No. Pool Name, Including F			=:			•	e SF ilor Fee USA		
	Location			, 2			State, Federa			at of Lee 02/	or Fee USA 07804		
	Unit Letter H		149	01 55.	om The North		- 1	790'		The Eas	+		
	Onit Letter	·		reetrr	om the trotal	_ Lin	e and		Feet From				
	Line of Section 19	9	Tow	nship 29N	Range		8W	, NMPM		San Jua	n	County	
							_						
111.	DESIGNATION OF T				(Give address t	o which appro	ved copy of th	is form is	to he senti				
	Plateau, Inc.	-	,		<u> </u>		1				n, NM 87401		
	Name of Authorized Trai	or Dry Gas X		Address	Give address t	o which appro	ved copy of th	ed copy of this form is to be sent)					
	El Paso Natur				Box 990,			87401					
	If well produces oil or li	iquids,	Unit Sec. Twp. Pge.			Is gas actually connected? Who							
	give location of tanks.		<u>.</u>		.9 29N 8W		No		<del></del>	ASAP			
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA												
- ' '			Oil Well Gas Well			Workover	Deepen	Plug Back	Same Re	es'v. Diff. Res'v.			
	Designate Type of	oi Con	-	1	, X		X	1	<u> </u>	<u> </u>	<u> </u>	!	
	Date Spudded			-	Ready to Prod.		7675	•		P.B.T.D. 7670	' KB		
	12/27/83 Elevations (DF, RKB, R	T. GR.	etc	2/16/	lucing Formation		Top O:1/			Tubing Dep			
	6476' KB			a		7424' KB			7516' KB				
	Perforations 7424-7436 'KB, 7614-7626 'KB									Depth Casing Shoe			
	HOLE SIZE			TUBING, CASING, AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	12-1/4"				·5/8"		3	25' KB		250sx,			
i	8-3/4"			7'				50' KB		570 sx,	806 c	f	
	6-1/4"				-1/2"			75' KB		475 sx,	784 c	:f	
i					-3/8"			16' KB			···		
	TEST DATA AND R	EQUE	EST FO	R ALLOWA	ABLE (Test must able for thi	be af in de:	iter recover pth or be fi	ry of total volu: or full 24 hours	ne of load oil )	and must be e	qual to or	exceed top allow-	
i	Date First New Oil Run	nks	Date of Test		Producin	Method (Flow	, pump, gas li	ft, etc.)	····				
											<del> </del>		
	Length of Test			Tubing Press	ure		Casing P	1000 mto		Choke Size			
	Actual Prod. During Tee			Oil-Bbls.			Water - Bi	ola.		Gae-MCF			
	Acted Flori Daily	<b> </b>											
Į													
	GAS WELL						<del>,</del>						
	Actual Prod. Test-MCF/D Length of Te					Bbis. Condensate/MMC		•	Gravity of	avity of Condensate			
- 1	619 Testing Method (pitot, b	ack pr.	<del>,  </del> .	3 hrs.	we(Shut-in)		Cosing P	ressure (Shut-	in)	Choke Size			
	Back Pressure			1945 PS	•		1960 P		•	3/4"			
VI.	CERTIFICATE OF							OIL C	ONSERVA	TION COM	MISSIC	N	
	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)  Senior Production Analsyt  (Title)						3-5-84 MAR 05 1984 19						
:							APPR					, 19	
1							BY	Original	Signed by F	RANK T. CHA	AVEX.		
							TITLESUPERVISOR DISTRICT TO TO						
							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,						
-													
-													
	February 20, 1984						well no	II out only § ime or number	ections I, I or transpor	i, III, and V er, or other s	nch cheu I tor che	nges or owner, ge of condition.	
	en (Date)							well name or number, or transporter, or other such change of condition.					