| (  | HO. OF COPIES RECEIVED   |  |  | •  |  |
|--|--|--|--|--|--|
|  | DISTRIBUTION   | NEW MEXICO OIL CO  | NSERVATION COMMISSION  | Form C-104   |  |
|  | SANTA FE /   | REQUEST FOR ALLOWABLE  |  | Supersedes Old C-104 and C-110 Effective 1-1-65  |  |
|  | FILE   |  | AND  | PREM   |  |
|  | U.S.G.S.   | AUTHORIZATION TO TRAN  | ISPORT OIL AND NATURAL GAS   |  |  |
|  | OIL  |  |  |  |  |
|  | TRANSPORTER GAS /  |  | s  | A STATE OF THE STA |  |
|  | OPERATOR /   |  |  | Office   |  |
| 1.   | Operator   |  |  |  |  |
| Tenneco Oil Company  |  |  |  |  |  |
|  | ddress   |  |  |  |  |
|  |  | P. O. Box 1714, Durango, Colorado 81301  ason(s) for filing (Check proper box)  Other (Please explain) |  |  |  |
|  | New Well   | Change in Transporter of:  |  |  |  |
|  | Recompletion   | Oil Dry Gas  | Effective first  | delivery   |  |
|  | Change in Ownership  | Casinghead Gas Condens   | ate  |  |  |
|  | If change of ownership give name   |  |  |  |  |
|  | and address of previous owner  |  |  |  |  |
| II. DESCRIPTION OF WELL AND LEASE  Lease No.   Well No.   Pool Name, Including Formation   Kind of Lease                   |  |  |  |  |  |
|  | Lease Name   | Lease No.   Well No.   Pool Name   |  | Cind of Lease State, Federal or Fee Fed  |  |
|  | Hamner (   | 51 000243) 0 21ame   |  |  |  |
|  | 0 11   | 90 Feet From The South Line  | and 1850 Feet From The   | East   |  |
|  |  |  |  |  |  |
|  | Line of Section 20 Township 29N Range 9W , NMPM, San Juan Cour   |  |  |  |  |
| ***  | II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  |  |  |  |  |
| 111.   | Name of Authorized Transporter of Oil  | or Condensate  | Address (Give address to which approved  | (copy of this form is to be sent)  |  |
|  | None   |  | Address (Give address to which approved  | Leany of this form is to be sent!  |  |
|  | Name of Authorized Transporter of Cas.   | <b>i</b>   | P. O. Box 990, Farmingto   | •  |  |
|  | El Paso Natural Ga   | Unit Sec. Twp. Rge.  | Is gas actually connected? When  | , new  |  |
|  | If well produces oil or liquids, give location of tanks.   |  | l L  |  |  |
|  | If this production is commingled wit   | h that from any other lease or pool, g   | give commingling order number:   |  |  |
| IV.  | IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Di  |  |  |  |  |
|  | Designate Type of Completio  | · · · · · · · · · · · · · · · · · · ·  | x  |  |  |
|  | Date Spudded   | Date Compl. Ready to Prod.   | Total Dopin  | P.B.T.D.<br>2182   |  |
|  | 5/11/66 Elevations (DF, RKB, RT, GR, etc.)   | 6/14/66  Name of Producing Formation   | 2268 Top Oil/Gas Pay   | Tubing Depth   |  |
|  | 5696 Gr.   | Blanco Pictured Cliffs   | 2110   |  |  |
|  | Perforations   |  |  | Depth Casing Shoe  |  |
|  | 2110-2162 TUBING, CASING, AND CEMENTING RECORD   |  |  | 2266   |  |
|  | HOLE SIZE  | CASING & TUBING SIZE   | DEPTH SET  | SACKS CEMENT   |  |
|  | 12-1/4"  | 8-5/8"   | 123  | 100  |  |
|  | 7-7/8"   | 3-1/2"   | 2266   | 275  |  |
|  |  |  |  |  |  |
| V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or ex |  |  |  | d must be equal to or exceed top allow-  |  |
|  | OIL WELL   |  |  |  |  |
| •  | Date First New Oil Run To Tanks  | Date of Test   |  |  |  |
|  | Length of Test   | Tubing Pressure  | Casing Pressure  | Choke Size   |  |
|  |  |  | Water-Bbls.  | Ggs - MCF  |  |
|  | Actual Prod. During Test   | Oil-Bble.  | Water - Build  |  |  |
|  |  | <u> </u>   | <u> </u>   |  |  |
|  | GAS WELL   |  | Bbls. Condensate/MMCF  | Gravity of Condensate  |  |
|  | Actual Prod. Test-MCF/D  | Length of Test   | Bbis. Condensate/MMCr  | Gravity or concensus.  |  |
|  | Testing Method (pitot, back pr.)   | 3 hrs. Tubing Pressure   | Casing Pressure  | Choke Size   |  |
|  | Back Pr.   |  | 735  | 3/4"   |  |
| VI   | . CERTIFICATE OF COMPLIAN  | CE   | OIL CONSERVAT  | FION COMMISSION  |  |
|  |  |  | JAN 18 1968, 19  |  |  |
|  | 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.  M. K. Wagner (Signature)  (Title)  January 9, 1968  (Date) |  | Original Signed by A. R. Kendrick  |  |  |
|  |  |  | PEROLEUM ENCINEER DIST MO.   |  |  |
|  |  |  | TITLE PERCIPUM ENGINEER DIST. NOT S  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, well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply completed wells. |  |  |
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