

DISTRIBUTION	6
ANTAFE	1
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	2
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-111  
Effective 1-1-65

**API 30-045-23421**

**I. Operator**  
Tenneco Oil Company

**Address**  
720 So. Colorado Blvd., Denver, Colorado 80222

**Reason(s) for filing (Check proper box)**

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

\*USA-SF-080245

Lease Name Hammer	Well No. 9	Pool Name, including Formation Blanco Pictured Cliffs <i>ext</i>	Kind of Lease State, Federal or Fee Federal	Lease No. *
Location Unit Letter <u>A</u> ; <u>1020</u> Feet From The <u>North</u> Line and <u>1090</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>29-N</u> Range <u>9-W</u> , NMPM, <u>San Juan</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 20 29N 9W No ASAP

If this production is commingled with that from any other lease or pool, give commingling order number:

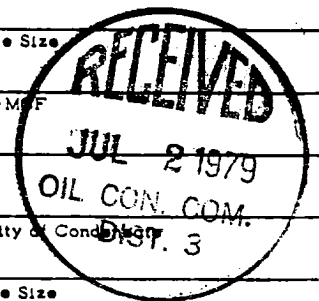
**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5/10/79	Date Compl. Ready to Prod. 6/5/79	Total Depth 2250'	P.B.T.D. 2188'					
Elevations (DF, RKB, RT, GR, etc.) 5589' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2036'	Tubing Depth 2070'					
Perforations 31 holes from 2036' - 2085'							Depth Casing Shoe	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	196'	160					
7 7/8"	4 1/2"	2250'	710					
	1 1/4"	2070'						

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF



**GAS WELL**

Actual Prod. Test-MCF/D 2148	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (shut-in) 795	Casing Pressure (shut-in) 800	Choke Size 3/4"

**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.

Carol Statten  
(Signature)  
Administrative Supervisor  
(Title)  
6/28/79  
(Date)

OIL CONSERVATION COMMISSION  
**JUL 5 1979**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by A. R. Kendrick  
SUPERVISOR DISTRICT # 3  
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.  
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 multiple