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TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
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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-  
Effective 1-1-65

API 30-045-23517

I.

Operator Tenneco Oil Company		
Address 720 S. Colorado Blvd., Denver, CO 80222		
Reason(s) for filing (check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

\*USA-SF-078049

Lease Name Hughes	Well No. 4-4	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. ★
Location Unit Letter <u>B</u> ; <u>890'</u> Feet From The <u>North</u> Line and <u>1450'</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>29N</u> Range <u>8W</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)
Plateau Inc.	Box 108, Farmington, New Mexico 87401
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	Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>34</u> Twp. <u>29N</u> Rge. <u>8W</u> Is gas actually connected? <u>No</u> When <u>ASAP</u>

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 Resrv.	Diff. Res.
		X	X					
Date Spudded 9/17/79	Date Compl. Ready to Prod. 10/11/79	Total Depth 7950'	P.B.T.D. 7902'					
Elevations (DF, RKB, RT, GR, etc.) 6815' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 7662'	Tubing Depth 7679'					
Perforations 7662-7900 80 holes			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	231'	180 Sacks					
8 3/4"	7"	3869'	600 Sacks					
6 1/2"	4 1/2"	7945'	525 Sacks					
	2 3/8"	7679'						

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 producible 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 1335	Length of Test 3 Hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (Shut-in) 1925	Casing Pressure (Shut-in) 2075	Choke Size 3/4"

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.

Carly J. [Signature]  
(Signature)  
Administrative Supervisor  
11/15/79  
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 20 1979, 19  
BY Original Signed by A. R. [Signature]  
TITLE Secretary

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 multiphase completed wells.