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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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.  
Effective 1-1-65

I.

Operator	
Tenneco Oil Company	
Address	
P.O. Box 3249, Englewood, CO 80155	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Jones	#4	Basin Dakota	State, Federal or Fee State	079938
Location				
Unit Letter	D	800	Feet From The North Line and	800
			Feet From The	West
Line of Section	35	Township	29N	Range
		8W	NMPM,	San Juan
				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)	
Conoco	P.O. Box 460 Hobbs, New Mexico 88240	
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	P.O. Box 990 Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	D	35
	29N	8W
	Is gas actually connected? When	
	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'
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8/11/80	10/8/80		7465'		7372'			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6307' gr.	Dakota		7140'					
Perforations					Depth Casing Shoe			
7140-62', 7242-44', 7277-78', 7304-06', 7318-24', 7338-40', 7364-72'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8" 36#		372'		243			
8-3/4"	7" 23#		3500'		650			
6-1/4"	4-1/2" 10.5, 11.6		7452'		250, 150			

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 all  
able for this depth or be for full 24 hours)

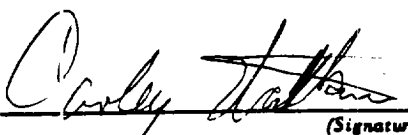
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
0=1449	3 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	2125	2175	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.

  
(Signature)  
Assistant Division Administrative Manager  
(Title)  
November 4, 1980  
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 26 1980, 19  
Original Signed by FRANK T. CHAVEZ  
BY  
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 deepen  
well, this form must be accompanied by a tabulation of the deviat  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allo  
able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of conditio  
Separate Forms C-104 must be filed for each pool in multip  
compleated wells.