DISTRIBUTION		
ANTA FE	1	
ILE	1	
.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	1	
GAS	1	
OPERATOR	2	
PRORATION OFFICE		

6

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

30-045-24125

I.

Operator

Tenneco Oil Company

Address

720 S. Colo. Blvd., Denver, CO 80222

Reason(s) for filing (Check proper box)

New Well [X] Change in Transporter of:

Recompletion [ ]   Oil [ ]   Dry Gas [ ]

Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE   *078049

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hughes A	6	Basin Dakota	State, Federal or Fee Federal	*

Location

Unit Letter ___F___ ; __2195__ Feet From The __North__ Line and __2025__ Feet From The __West__

Line of Section __33__ Township __28N__ Range __8W__ , NMPM, __San Juan__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Plateau Inc.	Box 108, Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [XX]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	Box 990, Farmington, N.M. 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	33	28N	8W	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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2/13/80	3/1/80	7143	7087

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6096'GR	Dakota	6880'	6870'

Perforations			Depth Casing Shoe
6880-7072			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4	9 5/8	214	225
8 3/4	7	3609	680
6 1/4	4 1/2	7143	450
	2 3/8	6870	

V. TEST DATA AND REQUEST FOR ALLOWABLE   (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)
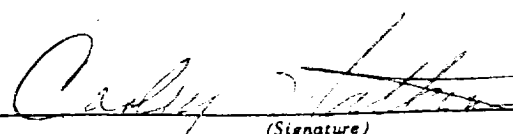
OIL WELL

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

RECEIVED MAR 28 1980 OIL CON. COM. DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
AOF=2499	3 hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
back pressure	2100	2150	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)

Admin. Supervisor
(Title)

3/21/80
(Date)

OIL CONSERVATION COMMISSION

MAR 2 6 1980

APPROVED _____, 19___

Original Signed by FRANK T. CHAVEZ

BY _____

TITLE   SUPERVISOR DISTRICT # 3

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