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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-110
Effective 1-1-65

I. Operator
Tenneco Oil Company
Address
P. O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hughes A	Well No. 4E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SB 078049
Location Unit Letter <u>J</u> ; <u>1750</u> Feet From The <u>South</u> Line and <u>1510</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>29N</u> Range <u>8W</u> , 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"/> Plateau Inc.	Address (Give address to which approved copy of this form is to be sent) 501 Airport Dr., Suite 151, Farmington, NM 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 34	Twp. 29N	Rge. 8W	Is gas actually connected? When NO ASAP

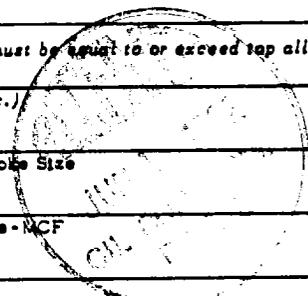
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 4/15/82	Date Compl. Ready to Prod. 5/24/82	Total Depth 7578' KB			P.B.T.D. 7571' KB			
Elevations (DF, RKB, RT, GR, etc.) 6485' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7309' KB		Tubing Depth 7401' KB			
Perforations 7309-20'KB, 7402-09'KB, 7441-45'KB, 7472-77'KB, 7515-18'KB, 7529-46'KB					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8" 36#		290' KB		225			
8-3/4"	7" 23#		3590' KB		506			
6-1/4"	4-1/2" 10.5, 11.6#		7576' KB		500			
	2-3/8"		7401' KB					

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



Actual Prod. Test - MCF/D 1714	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2200 psi	Casing Pressure (shut-in) 2225 psi	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.

Denise Wilson
(Signature)
Production Analyst
(Title)
May 26, 1982
(Date)

OIL CONSERVATION COMMISSION
JUN. 28 1982
APPROVED _____
BY Original Signed by CHARLES GUNLSON
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 multiply completed wells.