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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)
New Well ☒ 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

Lease Name Hammer	Well No. 11	Pool Name, including Formation Blanco Mesaverde / Und. Gallup	Kind of Lease Federal	Lease No. SF-08 0245
Location Unit Letter <u>O</u> <u>1190</u> Feet From The <u>South</u> Line and <u>2130</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>29N</u> Range <u>9W</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"/> Conoco	Address (Give address to which approved copy of this form is to be sent) Box 460, Hobbs, NM 88240					
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) Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 20	Twp. 29N	Rge. 9W	Is gas actually connected? No	When 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 5/10/82	Date Compl. Ready to Prod. 7/9/82	Total Depth 6100'KB		P.B.T.D. 6058'KB					
Elevations (DF, RKB, RT, GR, etc., 5698'GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 5593'KB		Tubing Depth 5956'KB					
Perforations 5593-5622'KB, 5650-60'KB, 5669-78'KB, 5683-95'KB, 5732-41'KB, 5769-86'KB, 5830-50'KB, 5861-70'KB, 5882-93'KB, 5896-5903'KB, ** (see below)		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9-5/8"		36#		298'KB		175		
8-3/4"	7"		23#		3500'KB		800		
6-1/2"	4 1/2"		10.5#		6100'KB		400		
	2-3/8"				5956'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

GAS WELL

Actual Prod. Test - MCF/D 1544	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (shut-in) 915 psi	Casing Pressure (shut-in) 1170 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.

** 5916-22'KB, 5937-42'KB, 5957-62'KB,
5970-74'KB, 5977-86'KB, 5999-6006'KB

Renise Wilson
(Signature)

Production Analyst

July 12, 1982

(Title)

(Date)

OIL CONSERVATION COMMISSION

JUL 15 1982

APPROVED _____, 19

BY Original Signed by FRANK T. CHAVEZ

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 multiply completed wells.