

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PACIFICATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-10c
Supersedes Old C-10d and C-
Effective 1-1-83

Operator
TENNECO OIL COMPANY
Address
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 ☒

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cornell Unit A	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Fed. SF065557-A	Lease No.
Location Unit Letter D : 1180 Feet From The North Line and 790 Feet From The West Line of Section 10 Township 29N Range 12W . N.M.P.M. San Juan County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ GIANT REFINING CO.	Address (Give address to which approved copy of this form is to be sent) BOX 256, FARMINGTON, NM 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Gas Company of New Mexico El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 1899, Bloomfield, NM 87413					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10	Top. 29N	Range. 12W	Is gas actually connected? YES	When

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

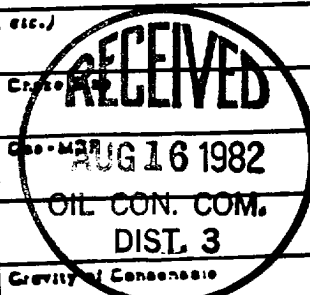
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Recomplete	Deepen	Plug Back	Some Restr.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKE, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

A Denise Wilson
(Signature)
PRODUCTION ANALYST
(Title)
AUGUST 1, 1982
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 16 1982
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 deepen well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 conditions.
Separate Forms C-10c must be filed for each pool in multi-pool formations.