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| 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 1714, Durango, Colorado 81301

**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

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | | Lease No. |
|---|---|---|---|---|---|
| Helen Jackson | 6 | Aztec Pictured Cliffs | State, Federal or Fee Fed | | SF 079947 |

**Location**

Unit Letter ___O___ ; __990__ Feet From The __South__ Line and __1715__ Feet From The __East__

Line of Section __34__ Township __29N__ Range __9W__ , NMPM, __San Juan__ County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ]    or Condensate [ ]

Address *(Give address to which approved copy of this form is to be sent)*

None

Name of Authorized Transporter of Casinghead Gas [ ]    or Dry Gas [X]

Address *(Give address to which approved copy of this form is to be sent)*

El Paso Natural Gas

P. O. Box 990, Farmington, New Mexico

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | 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 | 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. |
|---|---|---|---|
| 5/20/66 | 6/10/66 | 2327 | 2248 |

| Elevations *(DF, RKB, RT, GR, etc.)* | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 5823 Gr. | Aztec Pictured Cliffs | 2180 | --- |

| Perforations | | | Depth Casing Shoe |
|---|---|---|---|
| 2180-2246 Pictured Cliffs | | | 2324 |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 12-1/4" | 8-5/8" | 88 | 100 |
| 7-7/8" | 3-1/2" | 2324 | 275 |
| | | | |

## 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. |
|---|---|---|
| | | Gas-MCF |

### GAS WELL

| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| 717 | 3 hrs | | |

| Testing Method *(pitot, back pr.)* | Tubing Pressure **(Shut-in)** | Casing Pressure **(Shut-in)** | Choke Size |
|---|---|---|---|
| Back Pr. | --- | 725 | 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.

_M. K. Wagner_ *(Signature)*

M. K. WAgner

_____ *(Title)*

2/28/68 *(Date)*

### OIL CONSERVATION COMMISSION

APPROVED __MAR 1 1968__, 19___

Original Signed by Emery C. Arnold

BY _____

TITLE __SUPERVISOR 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 C-104 must be filed for each pool in multiply completed w____