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

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 ☐
Change in Ownership ☐	Casinghead Gas ☐
	Dry Gas ☐
	Condensate ☒

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Cornell Oil C	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Fed SF-065557A	Lease No.
Location					
Unit Letter D	: 990	Feet From The North	Line and 990	Feet From The West	
Line of Section 11	Township 29N	Range 12N	N.M.P.M.	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)
GIANT REFINING CO.	BOX 256, FARMINGTON, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico El Paso Natural Gas	Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit Sec. Top. Rec. Is gas actually connected? When
D 11 29N 12W	YES

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	Recover	Deepen	Plug Back	Same Prod.	Diff. Prod.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.S.T.D.					
Elevations (DF, RKE, RT, GR, 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 oil
able for this depth or be for full 24 hours)

Date First New Oil Put To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Case Size
Actual Prod. During Test	Oil-Bale.	Water-Bale.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Basis: Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Short-12)	Casing Pressure (Short-12)	Case 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.

Denise Wilson
(Signature)

PRODUCTION ANALYST

AUGUST 1, 1982

(Title)

(Date)

OIL CONSERVATION COMMISSION
AUG 16 1982

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 deepen
well, this form must be accompanied by a tabulation of the deviate
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-
completed wells.