DISTRIBUTION **NEW MEXICO OIL CONSERVATION COMMISSION** SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE AND U.S.G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR 2 PRORATION OFFICE Operator Tenneco Oil Company 1860 Lincoln, Suite 1200 Denver, Colorado 80203 Other (Please explain) Reason(s) for filing (Check proper box) X New Well e in Transporter of: Dry Gas OII Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner..... II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation State, Federal or Fee Federa1 Moore **3A** Blanco Mesa Verde Location 1845 Feet From The 925 South_Line and_ East Feet From The Unit Letter 30N **8W** , NMPM. San Juan Range Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate (X) Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico 87401 Plateau Refining Address (Give address to which approved copy of this form is to be P. O. Box 398, Bloomfield, New Mexico Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas _____ Southern Union Gathering 30N 8W Is gas actually connected? If well produces oil or liquids, give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Resty. Diff. Resty Plug Back Gas Well New Well Workover Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded 5670 10/6/75 5610 8/28/75 Top Oil Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) 5425 4876 6226' GL <u>Mesa Verde</u> Depth Casing Shoe Perforations 4876-4979, 13 holes; 5025-5215, 8 holes; 5310-5435, 10 holes 5670 TUBING, CASING, AND CEMENTING RECORD 13 3/4 E SIZE CASING & TUBING SIZE 5/8" 36# SACKS CEMENT 200 sacks 7" 20# 275 sacks 8 3/4 3450 45" 10.5# 300 sacks 5670 64" 3/8" 4.7# (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pre Tubing Pressure Length of Test Water - Bble Actual Prod. During Test Oil-Bbls. 5 19**75** NOV OIL CON. COM. Bble. Condensate MMCF **GAS WELL** Gravity of Condensate Actual Prod. Test-MCF/D Length of Test NA NA. **AOF** 3 hrs. Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 3/4 494 back pressure OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE 5 1975 NOV APPROVED_ 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.

Signature,

(Title)

(Date)

Production Clerk

By Original Signed by

Lease No.

078580-A

County

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 sllow-able on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multiply