J. 07 CO., 22	-•.	1	
DISTRIBUTI			
SANTA FE			
FILE		1	
J.S.G.S.		1	
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAS		
OPERATOR		$\Box$	
	•		

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE	REQUEST FOR ALLOWABLE AND		Supersedes Old C-104 and C-1 Effective 1-1-65	
	J.S.G.S.	AUTHORIZATION TO TR	· -		
	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	TRANSPORTER OIL				
	GAS				
	OPERATOR				
I.	PRORATION OFFICE				
	Operator				
	Tenneco Oil Company				
	Address		,		
	720 S. Colo. Blvd., Do	enver, CO 80222			
	Reason(s) for filing (Check proper bo		Other (Please expla	in)	
	Recompletion	Change in Transporter of:	<b></b>		
	Change in Ownership	OII Dry G	=		
	Climide in Conservation	Casinghead Gas Conde	ensate		
	If change of ownership give name				
	and address of previous owner				
П	RESCRIPTION OF WELL AND	*SF-078465		*SF-078465	
	Lease Name	Well No.   Pool Name, Including	Formation   Kind	of Lease	
	Cornell B	1E Basin Dakot	_	Federal or Fee FED Lease No. *	
	Location				
	В 112	20 North	1570	East	
	Unit Letter;	Feet From The Li	ine andFee	t From The	
	Line of Section 14	wnship 29N Range	12W , NMPM,	San Juan	
		, lange	, INNEW,	County	
m.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS		
	Name of Authorized Transporter of Oi	or Condensate 🗡	Address (Give address to which	h approved copy of this form is to be sent)	
	Giant Refining		Box 256, Farmingto	n, N.M. 87401	
	Name of Authorized Transporter of Co	ssinghead Gas or Dry Gas 🗡		h approved copy of this form is to be sent)	
	El Paso Natural Gas		Box 990, Farmington, N.M. 87401		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When	
	give location of tanks.	B 14 29N 12W	no	i <b>A</b> SAP	
	If this production is commingled w	ith that from any other lease or pool,	give commingling order numb	<b>6</b> **	
	COMPLETION DATA	mae nom any other rease of poor,	give comminging order numb	er:	
		Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi	on = (X)	X		
	Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
	4/14/80	5/13/80	6637	6615	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	5811	Dakota	6364	5972	
	Perforations			Depth Casing Shoe	
	6364-6658				
		TUBING, CASING, AN	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 1/4	8 5/8	324	250	
	7 7/8	4 1/2	6615	1550	
	<del></del>	2 3/8(tbg)	6380		
{	<del></del>	<u> </u>	.4		
	TEST DATA AND REQUEST F		ifter recovery of total volume of le epth or be for full 24 hours)	oad oil and must be equal to or exceed top allow-	
i	OIL WELL Date First New Oil Run To Tanks	Date of Test		and 116 and	
:	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)		108 1.J.1, 300.J		
}	Length of Teet	Tubing Pressure	Casing Pressure	Choke Size	
		,			
ŀ	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
}	•				
1,	<del></del>	<u> </u>	<u> </u>	1 62 0	
	GAS WELL				
[	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condinate	
	A0F=1146	3 hrs.			
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Back Pressure	1000	1000	3/4	
VI.	CERTIFICATE OF COMPLIAN			<del></del>	
		N 6 1980			
1	hereby certify that the rules and	regulations of the Oil Conservation	APPROVED JUN 0 IJOU		
(	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)  Administrative Supervisor		Original Signed by FRANK T. CHAVEZ		
			01		
			SUPERVISOR DISTRICT 羽耳		
			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 fo	rm must be filled out completely for allow-	
	June 3, 1980 (Date)		able 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.		
-					
	(Da	<del>.</del> = /	<b>!</b> !	nsporter, or other such change or condition.	