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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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 P. O. Box 3249, Englewood, CO 80155		
Reason(s) for filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Other (Please explain)		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Callow	Well No. 8E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal NM	Lease No. 0468126
Location				
Unit Letter <u>G</u> : <u>1900</u> Feet From The <u>North</u> Line and <u>1930</u> Feet From The <u>East</u>				
Line of Section <u>27</u> Township <u>29N</u> Range <u>13W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Giant Refining	Box 256 Farmington, New Mexico 87401		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
El Paos Natural Gas	Box 990, Farmington, New Mexico 87401		
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>27</u> Twp. <u>29N</u> Rge. <u>13W</u>	Is gas actually connected? <u>No</u>	When <u>ASAP</u>

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.	Diff. Res.
			X	X					
Date Spudded 3/13/81	Date Compl. Ready to Prod. 4/24/81	Total Depth 5917'		P.B.T.D. 5897'					
Elevations (DF, RKB, RT, GR, etc.) 5358' gr.	Name of Producing Formation Dakota	Top Oil/Gas Pay 5724'		Tubing Depth 5734'					
Perforations 5724-32', 5744-50', 5822-30', 5834-56'				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		9-5/8" 36#		327'		240 sx			
7-7/8"		4-1/2" 10.5#		5910'		1st: 400sx 2nd: 460sx			
		2-3/8"		5734'					

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 848'	Length of Test 3 hrs.	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-In) 512 PSI	Casing Pressure (Shut-In) 516 PSI
		Choke Size 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.

Carley J. Stettin
(Signature)
Assistant Division Administrative Manager
4/29/81
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAY 4 1981, 19____
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 deviate 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-104 must be filed for each pool in multi-layered wells.