

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
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-
Effective 1-1-83

Operator Tenneco Oil Company	
Address 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 Payne A	Well No. 1E	Pool Name, including Formation Bloomfield Chacra	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>N</u> : <u>530</u> Feet From The <u>South</u> Line and <u>2080'</u> Feet From The <u>West</u>					
Line of Section <u>19</u> Township <u>29N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> 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) 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) Box 990, Farmington, New Mexico 87401	
El Paso Natural Gas	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>19</u> Twp. <u>29N</u> Rge. <u>11W</u>	No <u>ASAP</u>
If this production is commingled with that from any other lease or pool, give commingling order number: <u>R-6313</u>		

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Fest.	Diff. Res.
			X	X					
Date Spudded 10/22/80	Date Compl. Ready to Prod. 1/29/81	Total Depth 6360'		P.B.T.D. 6309'					
Elevations (DF, RKB, RT, GR, etc.) 5476' gr.	Name of Producing Formation Chacra	Top Oil/Gas Pay 2793'		Tubing Depth 3976'					
Perforations 2793-6', 2803-10'				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"	36#	283'	KB	375 sx				
8-3/4"	7"	23#	4660'		1st: 300sx, 2nd: 580 sx				
6-1/4"	4-1/2"	10.5#	6360'		225 sx				
	2-3/8"		3976'						

V. TEST DATA AND REQUEST FOR ALLOWABLE
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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Q = 2274 (Imbl.)	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 195 PSI	Casing Pressure (Shut-in) 180 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.

Curley Watkins
(Signature)

Assistant Division Administrative Manager
(Title)

February 10, 1981
(Date)

OIL CONSERVATION COMMISSION

MAY 21 1981

APPROVED
BY Original Signed by FRANK T. CHAVEZ

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 deviation 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-