

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator Tenneco Oil Company

Address Box 3249 Englewood, Co 80155

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bruce Sullivan Com B</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Bloomfield Chacra</u>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>C</u> ; <u>530</u> Feet From The <u>North</u> Line and <u>1990</u> Feet From The <u>West</u>					
Line of Section <u>25</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)
<u>Amoco Pipeline</u> <u>Corpus</u>	<u>Box 460, Hobbs NM 88240</u> <u>501 Airport Dr., Farmington, N.M. 87401</u>
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)
<u>El Paso Natural Gas</u>	<u>Box 990, Farmington, N.M. 87401</u>
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>25</u> Twp. <u>29</u> Pge. <u></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'v.	Diff. Res'
		X	X					
Date Spudded <u>11/16/80</u>	Date Compl. Ready to Prod. <u>1/27/81</u>		Total Depth <u>4410'</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>5457' gr</u>	Name of Producing Formation <u>Chacra</u>		Top Oil/Gas Pay <u>2686'</u>		Tubing Depth <u>2083'</u>			
Perforations <u>2686-2694', 2780-2796'</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13-3/4"</u>	<u>9-5/8"</u>	<u>36#</u>	<u>267' KB</u>		<u>800sx</u>			
<u>8-3/4"</u>	<u>7"</u>	<u>23#</u>	<u>4410'</u>		<u>765sx</u>			
	<u>1 1/2"</u>		<u>2083'</u>					

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 greater than 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>Q=</u>	<u>3hrs</u>		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Back Pressure</u>	<u>900 PSI</u>	<u>900 pSI</u>	<u>3/4"</u>

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 Matthews
(Signature)
Assistant Division Administrative Manager
(Title)
January 30, 1981
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____
BY Original Signed by FRANK T. CHAVEZ
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 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 multiple completed wells.