

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-110  
Effective 1-1-65

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

I. Operator Tenneco Oil Company

Address P. O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jackson</u>	Well No. <u>1E</u>	Pool Name, including Formation <u>MC Chacra</u>	Kind of Lease <u>Federal SF</u>	Lease No. <u>079947</u>
Location				
Unit Letter <u>G</u>	<u>1650</u>	Feet From The <u>North</u> Line and <u>1630</u>	Feet From The <u>East</u>	
Line of Section <u>34</u>	Township <u>29N</u>	Range <u>9W</u>	<u>NMPM, 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>Conoco</u>	<u>Box 460, Hobbs, New Mexico 88240</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, New Mexico 87401</u>
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>34</u> Twp. <u>29N</u> Rge. <u>9W</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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded <u>4/20/81</u>	Date Compl. Ready to Prod. <u>6/8/81</u>	Total Depth <u>6661'</u>	P.B.T.D. <u>6649'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5716' gr.</u>	Name of Producing Formation <u>Chacra</u>	Top Oil/Gas Pay <u>3078'</u>	Tubing Depth <u>3090'</u>					
Perforations <u>3078-87', 3205-13'</u>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>36#</u>	<u>241'</u>	<u>250 sx</u>				
<u>8-3/4"</u>	<u>7"</u>	<u>23#</u>	<u>3499'</u>	<u>700 sx</u>				
<u>6-1/4"</u>	<u>4-1/2"</u>	<u>10.5#</u>	<u>6660'</u>	<u>430 sx</u>				
	<u>1-1/4"</u>		<u>3090</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 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 <u>1119</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>875 PSI</u>	Casing Pressure (Shut-in) <u>875 PSI</u>	Choke Size <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.

Curley Matthews  
(Signature)

Assistant Division Administrative Manager  
(Title)

June 9, 1981  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 12 1981

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 a permit to drill or deepen a 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 allowable 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.

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