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TRANSPORTER	OIL		<u> </u>
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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Γ	FILE					AND			
	U.S.G.S.			AUTHOR12	ZATION TO TRAN	ISPORT OIL AND	NATURAL G	<i>t</i> 2	
r	LAND OFFICE								
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ı	Tenneco (	Oil Com	pany				<u> </u>		
t	Address								1
1	P. O. Bo	x 3249.	Eng	lewood, CO_	80155				
ŀ	Reason(s) for filing					Other (Pleas	e explain)		
ı		CHECK PIOP	,., 002)	Change in Tra	manadar of:				- 1
١	New Well	<u>M</u>		- •				·	l
- [	Recompletion			Oil	Dry Gas				- 1
1	Change in Ownership	$\Box$		Casinghead G	condens	ate 🔛			
L									
1	If change of owners	ship give n	ame						
7	and address of prev	vious owner	·r						
. 1	DESCRIPTION O	F WELL	AND I	LEASE			Kind of Lease	Lease	No.
ï	Lesse Name			Well No. Poo	ol Name, Including For	matton	1	Į.	
١	Lawson			1R	Basin Dakota	a	State, Federal	NM-012711	
ŀ					Dugit. Dung				
١	Location			_	0 1 1-	1150		he West	
١	Unit Letter L	·;_	240	OFeet From T	he South Line	and 1150	Feet From T	he Hese	
1								_	
١	Line of Section	10	Tov	waship 30N	Range {	BW , NMP	M, San Ji	ian Co	inty
٠	Line of Section								
					IN NATIDAL CAL	3			
	DESIGNATION C	OF TRANS	SPOR	TER OF OIL VI	ND NATURAL GAS	Address (Give address	to which approx	ed copy of this form is to be sent)	
1	Name of Authorized	Transporter	r of Oil	or Conde	ansate X				
ļ	Conoco					P. O. Box 46	0, Hobbs,	NM 88240	
- 1	Name of Authorized	Transcotte	r of Car	inghead Gas	or Dry Gas XX	Address (Give addres.	s to which approv	ed copy of this form is to be sent)	
- 1				,,,		D O Boy 90	a∩ Farmin	gton,NM 87401	
	El Paso Na	itural G	Jas		<u></u>	Is gas actually conne			
•	If well produces oil	or Havids.		Unit Sec.	Twp. Rge.	Is gas actually conne	crear inv		
	give location of tan	:ks.		L ! 10	30N 8W	No	·	ASAP	
				<del>1</del>			les eumber:	•	
	If this production i	is comming	gled wi	th that from any o	other lease or pool,	live comminging ord	er number.		—
V.	COMPLETION D	<u>)ATA                                   </u>		T OIL V		New Well Workove		Plug Back   Same Resty. Diff.	Res'v.
			11		, 555		!		
	Designate Ty	pe of Con	mpieti	on - (A)	X	X		<del> </del>	
	Desc Soudded			Date Compl. Read	dy to Prod.	Total Depth		P.B.T.D.	
	Date Spudded			ŀ		7694' 1	ďΒ	7689' KB	
	11/21/81			3/30/		Top Oil/Gas Pay		Tubing Depth	
	Elevations (DF, RK	KB, RT, GR,	, etc.,	Name of Productr	ig Formation				
	6242' GR			Dakot	.a	7472' 1	KB	7526' KB	
						<del></del>		Depth Casing Shoe	
	Perforations								
	7472-	7666					200	<u> </u>	
					BING, CASING, AND			ALONG SEVENT	
	HOLE	ESIZE		CASING &	TUBING SIZE	DEPTH	SET	SACKS CEMENT	
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				9-5/8"		3615' K		750	
	1 12-1///				40#	3073 7			
	12-1/4"								
	8-3/4"			7"	23#	5857' K		495	
	8-3/4"				11 6 10 5#	7694' K	В	300	
	8-3/4" 6-1/4"			7" 4-1/2"	11.6, 10.5#	7694' K	B gua 7526 olume of load oil	300	p allow
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NO. OF COP1	-	114.0	L	
DISTRI				
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LAND OFF	ICE			
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THANS ON EN		GAS		
OPERATOR				
PRORATION OFFICE				
Operator				
T	enne	co Oi	1 C	omp
Address				

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

	FILE		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	CAS		
	LAND OFFICE	ASTRIBUTE TO TRA	AND ON TOLL AND NATORAL	343		
	TRANSPORTER OIL					
	GAS					
	OPERATOR					
1.	PRORATION OFFICE	<u></u>				
	Operator					
	Tenneco Oil Comp	pany				
	Address					
	P. O. Box 3249,					
	Reason(s) for filing (Check proper box		Other (Please explain)			
	New We!1	Change in Transporter of:	<u></u>			
	Recompletion	Oil Dry Go	<b>75</b> 1			
	Change in Ownership	Casinghead Gas Conde	nsate			
	If change of ownership give name					
	and address of previous owner			· · · · · · · · · · · · · · · · · · ·		
П.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation   Kind of Leas	e Lease No.		
	Lawson		State Feder	2000		
	Lawson IR Blanco Mesaverde State, Federal of					
	****					
	Unit Letter L ; 2400 Feet From The South Line and 1150 Feet From The West					
	Line of Section 10 To	waship 30N Range	8W , NMPM, Sar	Juan County		
	Line of Section 10 Too	wnship 30N Range	8W , NMPM, Sar	Juan County		
-	DESIGNATION OF TRANSPORT	TER OF OU AND NATURAL CA	16			
III.	Name of Authorized Transporter of Oil		Address (Give address to which appro	ved copy of this form is to be sent)		
	Conoco					
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas X	P. O. Box 460, Hobbs, N  Gas or Dry Gas X  Address (Give address to which approve			
	Gas Company of New Me		P 0 Box 1899 Bloomf	iold NM 97412		
		Unit Sec. Twp. P.ge.	P. O. Box 1899, Bloomfield, NM 87413  [Is gas actually connected?   When			
	If well produces oil or liquids, give location of tanks.	L 10 30N 8W	No	ASAP		
		<del>.,</del>		ADAI .		
	If this production is commingled will COMPLETION DATA	th that from any other lease or pool,	give comminging order number:	<del> </del>		
•••		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completion	on = (X)	x			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	11/21/81	3/30/81	7694' KB	7689' KB		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	6242' gr.	Mesaverde	4650' KB	5344' KB		
	Perforations			Depth Casing Shoe		
	4650 - 5415					
		TUBING, CASING, ANI	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	17-1/2"	13-3/8" 54.5#	308' KB	38		
	12-1/4"	9-5/8" 40#	3615' KB	750		
	8-3/4"	7" 23#	5857' KB	495		
	6-1/4"	4-1/2" 11.6, 10.5#	7694' KB 5354	i 300 and must be equal to or exceed top allow-		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fier recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow-		
	OII, WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas life, etc.)					
				İ		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas-MCF		
			<u> </u>			
	CAC WELL					
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test				
	Actual Prod. Test-MCF/D 2905	3 hrs.				
	Actual Prod. Test-MCF/D	, - ·	Casing Pressure (Shut-in)	Choke Size		
	Actual Prod. Test-MCF/D 2905	3 hrs.	440 psi	3/4"		
VI.	Actual Prod. Test-MCF/D 2905 Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure(Shut-is) 440 psi	440 psi	3/4"		
VI.	Actual Prod. Test-MCF/D 2905 Testing Method (pitot, back pr.) Back Pressure	3 hrs. Tubing Pressure(Shut-is) 440 psi	5-4-82 OIL CONSERVA	3/4"		
	Actual Prod. Test-MCF/D 2905  Testing Method (pitot, back pr.) Back Pressure  CERTIFICATE OF COMPLIANCE  L becaby certify that the rules and a	3 hrs. Tubing Pressure(Shut-is) 440 psi CE	440 psi OIL CONSERVA 6-4-82 MAY 4 APPROVED	3/4" TIBY COMMISSION		
	Actual Prod. Test-MCF/D 2905  Testing Method (pitot, back pr.) Back Pressure  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and a complication have been complied to	3 hrs. Tubing Pressure (shut-is) 440 psi CE regulations of the Oil Conservation with and that the information gives	440 psi OIL CONSERVA 6-4-82 MAY 4 APPROVED	3/4" TIBY COMMISSION		
	Actual Prod. Test-MCF/D 2905  Testing Method (pitot, back pr.) Back Pressure  CERTIFICATE OF COMPLIANCE  L becaby certify that the rules and a	3 hrs. Tubing Pressure (shut-is) 440 psi CE regulations of the Oil Conservation with and that the information gives	440 psi OIL CONSERVA APPROVED By Original Signed by FRANK T.	3/4" THE COMMISSION CHAVEZ		
	Actual Prod. Test-MCF/D 2905  Testing Method (pitot, back pr.) Back Pressure  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and a complication have been complied to	3 hrs. Tubing Pressure (shut-is) 440 psi CE regulations of the Oil Conservation with and that the information gives	APPROVED  OIL CONSERVA  APPROVED  By Original Signed by FRANK T.  SUPERVISOR DISTRICT	3/4" CHAVEZ		
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	Actual Prod. Test-MCF/D 2905  Testing Method (pitot, back pr.) Back Pressure  CERTIFICATE OF COMPLIANO  I hereby certify that the rules and a Commission have been complied wabove is true and complete to the	3 hrs. Tubing Pressure (Shut-in) 440 psi CE regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	APPROVED  OIL CONSERVA  APPROVED  By Original Signed by FRANK T.  SUPERVISOR DISTRICT  This form is to be filled in	3/4" COMMISSION  CHAVEZ  # 3  compliance with Rule 1104.		
	Actual Prod. Test-MCF/D 2905  Testing Method (pitot, back pr.) Back Pressure  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and a complication have been complied to	3 hrs. Tubing Pressure (Shut-in) 440 psi CE regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	APPROVED  OIL CONSERVA  S-4-72  APPROVED  By Original Signed by FRANK I.  SUPERVISOR DISTRICT  This form is to be filed in  If this is a request for allow	3/4" CHAVEZ  ## 3  compliance with Rule 1104, wable for a newly drilled or deepened nied by a tabulation of the deviation		
	Actual Prod. Test-MCF/D 2905  Testing Method (pitot, back pr.) Back Pressure  CERTIFICATE OF COMPLIANO  I hereby certify that the rules and a Commission have been complied wabove is true and complete to the (Signal Production Analyst)	3 hrs. Tubing Pressure (shut-is) 440 psi CE regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	APPROVED  OIL CONSERVA  APPROVED  By Original Signed by FRANK T.  SUPERVISOR DISTRICT  This form is to be filed in  If this is a request for allowell, this form must be accompationed taken on the well in accompanies.	3/4"  CHAVEZ  ## 3  compliance with Rule 1104.  wable for a newly drilled or deepened inied by a tabulation of the deviation relance with Rule 111.  int be filled out completely for allow-		
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	Actual Prod. Test-MCF/D 2905  Testing Method (pitot, back pr.) Back Pressure  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and a commission have been complied we above is true and complete to the production Analyst  (Signature)  (Production Analyst  April 5, 1982	3 hrs. Tubing Pressure (shut-is) 440 psi CE regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	APPROVED  By Original Signed by FRANK T.  SUPERVISOR DISTRICT  This form is to be filed in  If this is a request for allowell, this form must be accompated tests taken on the well in accompanies to see a second tests to see a second tests taken on the well in accompanies to see any sections of this form must be accompanied to see any sections I. I well name or sumber, or transport	CHAVEZ  THE COMMISSION  CHAVEZ  THE STATE OF		