

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
Tenneco Oil Company
Address
Box 3249, Englewood, CO 80155
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ 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 State N	Well No. 1M	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	State NM-E-10405	Lease No.
Location Unit Letter <u>D</u> : <u>1230</u> Feet From The <u>North</u> Line and <u>635</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>29N</u> Range <u>9W</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"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 460, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 32	Twp. 29N	Rge. 9W	Is gas actually connected? No	When ASAP

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'y.	Diff. Res'y.
		X	X					
Date Spudded 9/5/82	Date Compl. Ready to Prod. 11/29/82	Total Depth 6700' KB		P.B.T.D. 6654' KB				
Elevations (DF, RKB, RT, CR, etc.) 5779' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 6500' KB		Tubing Depth 6584' KB			
Perforations 6500-04' KB, 6551-72' KB, 6617-21' KB, 6628-31' KB					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8", 36#		312' KB		295 CF			
8-3/4"	7", 23#		5000' KB		852 CF			
6-1/4"	4-1/2", 10.5#		4879-6700' KB		332 CF			
	2-3/8"		6584' KB					

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

GAS WELL

Actual Prod. Test - MCF/D 3674	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1675 psi	Casing Pressure (Shut-in) 1725 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.

Denise Wilson
(Signature)
Production Analyst
(Title)
December 9, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by CHARLES J. LAM
TITLE DEPUTY OIL & GAS MANAGER

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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.