

**REQUEST FOR ALLOWABLE  
AND**

Supersedes Old C-104 and C-11  
Effective 1-1-85

**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

3056/N  
3068/A

**RECEIVED**

JUN 07 1984

OIL CON. DIV.  
DIST. 3

**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 <b>Sanchez</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Undesignated Gallup</b>	Kind of Lease Fee State, Federal or Fee <b>NM</b>	Lease No.
Location Unit Letter <b>E</b> ; <b>1650</b> Feet From The <b>North</b> Line and <b>550</b> Feet From The <b>West</b> Line of Section <b>28</b> Township <b>29N</b> Range <b>10W</b> , NMPM, <b>San Juan</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Inland Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1528, Farmington, NM 87499</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 990, Farmington, NM 87401</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>E</b>	Sec. <b>28</b>
	Twp. <b>29N</b>	Rge. <b>10W</b>
	Is gas actually connected? <b>NO</b>	
	When <b>ASAP</b>	

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 checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>2/10/84</b>	Date Compl. Ready to Prod. <b>3/17/84</b>		Total Depth <b>20</b> <b>5713'</b> KB		P.B.T.D. <b>3</b> <b>5675'</b> KB			
Elevations (DF, RKB, RT, GR, etc.) <b>5483' GR</b>	Name of Producing Formation <b>Gallup</b>		Top Oil/Gas Pay <b>5288'</b> KB		Tubing Depth <b>5250'</b> KB			
Perforations <b>5510-18 KB</b>		Depth Casing Shoe						
<b>LWR Gallup-5522-36, 5550-56, 5574-85 UPR Gallup 5288-5322' KB</b>								
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>9-5/8" csq</b>		<b>309' KB</b>		<b>250 sx, 295 CF</b>			
<b>8-3/4"</b>	<b>7" csq</b>		<b>1930' KB</b>		<b>533 sx, 629 CF</b>			
<b>6-1/4"</b>	<b>4-1/2" csq (Liner)</b>		<b>1769-5718' KB</b>		<b>610 sx, 1024 CF</b>			
	<b>2-3/8"</b>		<b>5250' KB</b>					

**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 <b>5/21/84</b>	Date of Test <b>5/22/84</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>140 psi</b>	Casing Pressure <b>140 psi</b>	Choke Size <b>---</b>
Actual Prod. During Test	Oil-Bbls. <b>22</b>	Water-Bbls. <b>3</b>	Gas-MCF <b>227</b>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**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.

*Scott McKinney*  
(Signature)

Senior Regulatory Analyst

(Title)

5/30/84

(Date)

**OIL CONSERVATION COMMISSION**

**JUN 07 1984**

APPROVED \_\_\_\_\_, 19

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 deep 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 condition.

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