

NO. OF COPIES RECEIVED

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

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-11  
Effective 1-1-65

RECEIVED

AUG 07 1986

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 ☒ 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 Houck Com	Well No. 1	Pool Name, including Formation Blanco Mesaverde	Kind of Lease USA State, Federal or Fee SF	Lease No. 077092B
Location Unit Letter <u>I</u> ; <u>1580</u> Feet From The <u>south</u> Line and <u>590</u> Feet From The <u>east</u> Line of Section <u>1</u> Township <u>29N</u> Range <u>10W</u> , NMPM, San Juan 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. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 1
	Twp. 29N	Rge. 10W
	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'v.
		X	X					
Date Spudded 06/28/84	Date Compl. Ready to Prod. 12/20/84	Total Depth 6895' KB	P.B.T.D. 6882' KB					
Elevations (DF, RKB, RT, GR, etc., 5768' GR	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 3980' KB	Tubing Depth 4626' KB					
Perforations 2 JSPF, 41' 82 holes 3980-84, 4012-14, 4018-23, 4048-60, 4062-72, 4079-87; 2 JSPF, 36' 72 holes, 4205-08, 4226-29, 4246-54, 4294-97, 4376-84, 4463-66, TUBING, CASING, AND CEMENTING RECORD 4470-74, 4478-82 **		Depth Casing Shoe						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8" csg	313' KB	210 sx 248CF					
8-3/4"	7" csg	4880' KB	575 sx 943CF					
6-1/4"	4-1/2" liner csg	4734-6892' KB	245 sx 384CF					
--	2-3/8" tbq	4626' 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

OIL CON. DIV.  
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 2231	Length of Test 3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 620	Casing Pressure (Shut-in) 620	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.

*Scott McKinnis*  
(Signature)

Sr. Regulatory Analyst  
(Title)

01/02/85  
(Date)

\*\* 2 JSPF, 43' 86 holes, 4540-47, 4565-79,  
4584-86, 4590-92, 4600-02, 4631-33,  
4710-14

OIL CONSERVATION COMMISSION

APPROVED AUG 07 1986  
Original Signed by CHARLES GUNSON  
BY  
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 3

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.