,- *					
HO. OF COPIES RECE	14.0				
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.			L		
LAND OFFICE			L		
TRANSPORTER	OIL		L.		
I RANSPORTER	GAS		L		
OPERATOR			L		
PROPATION OF					
Operator					
Tenneco C	il Co	mpa	ıny		
Address					
P. O. Box					
Reason(s) for filing	(Check p	rope	bo		
Now Well	Ŋ				

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supercedes Old C-104 and C-114

l	SANTA FE	REQUEST	FOR ALLOWABLE	Effective 1-1-65		
l	FILE		AND			
ļ	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS		
- 1	LAND OFFICE					
ļ	TRANSPORTER OIL					
	GAS					
	OPERATOR					
1.	PRORATION OFFICE	<u> </u>				
	Operator Oil Company					
	Tenneco Oil Company	!				
	Address	CO 001EE				
	P. O. Box 3249, Eng		Other (Please explain)			
	Reason(s) for filing (Check proper box					
i	New Well	Change in Transporter of: Oil Dry Go	<u>.</u>	·		
	Recompletion		<b>─</b>			
!	Change in Ownership	Casinghead Gas Conde	iisdee			
	If change of ownership give name					
	and address of previous owner					
		• 50 4 55				
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Leas	e USA Lease No.		
		1E Basin Dak	Curto Fordos	SF_ 065557A		
	Allen A	IL DUSTIL DUK				
	Location L 14	50 Feet From The South Li	ne and 790 Feet From	The West		
	Unit Letter :14:	Feet From The 300011 Li	ne and			
	1 _	waship 29N Range	12W , NMPM,	San Juan County		
	Line of Section 1 To	wnship 29N Range	ILW ,			
		TED OF OU AND NATURAL G	AS			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate				wed copy of this form is to be sent)		
	T		4 Inverness Ct. Fast-	4 Inverness Ct. East, Englewood, CO 80112		
	Gary Energy Corp.  Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which appro	wed copy of this form is to be sent)		
	El Paso Natural Gas		P. O. Box 4990, Farmin	ngton, NM 87499		
		Unit Sec. Twp. P.ge.		nen		
	If well produces oil or liquids,	L 1 29N 12W	NO	ASAP		
	give location of tanks.	_1	-iningling order number:			
	If this production is commingled w	ith that from any other lease or pool	, give comminging order name			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completi	on $-(X)$ $\chi$	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	3-22-85	4-21-85	G625' KB	6619' KB		
	Elevations (DF, RKB, RT, GR, etc.)		Top Cil/Gas Pay	Tubing Depth		
	5831' GL	Dakota	6425' KB	6559' KB		
				Depth Casing Shoe		
	Periorations 2 JSPF 43', 6425-36', 6502-28',	6506 66031 NB		6622' KB		
	6425-36, 6502-28,	TUBING, CASING, A	NO CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"	8 5/8" csg	318' KB	275 sx 325 CF		
	7 7/8"	5 1/2" csq	6622' KB	920 sx 1745 CF 1627		
	11/8	3 27 2 33 3				
		23/8	6559			
w	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be	after recovery of total volume of load of	l and must be equal to or exceed top allow-		
•	OII WELL		depth or be for full 24 hours)	lift. etc.)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas			
	_		Casing Pressure	Choke Sae		
	Length of Test	Tubing Pressure	Casing Pressure			
			Water-Bble. MAY 02	19 35an - MCF		
	Actual Prod. During Test	Oil-Bble.	Water - 25151			
			- OIL COM	<del>, DIV</del>		
	DIST. 3					
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	82.6. 00.20.			
	1936	3 hrs Tubing Pressure (Shut-in)	Casing Pressure (Shut-is)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-11)	1325	3/4"		
	back pressure		OU CONSERV	3/4" ATION COMMISSION		
V	. CERTIFICATE OF COMPLIA	NCE	12-12-85	JUN 12 1985		
			APPROVED	JUN 12 198519		
	I hereby certify that the rules and regulations of the Oil Conservation		Original Staned by FRANK T CHAVE?			
	I hereby certify that the rules and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY			
		1 -1-1-	BYSUPERVISOR DISTRICT 完 \$			
	Signature)  Sr. Regulatory Analyst  (Title)					
			This form is to be filed i	This form is to be filed in compliance with RULE 1104.		
			If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
			- Il anotions of this form	At anothers of this form must be filled out completely for allow-		
			able on new and recompleted were.			
	Ji. Regulacety time	Title)	able on new and recompleted	IT for changes of OWNER.		
		Tule)	able on new and recompleted  Fill out only Sections I.	II. III, and VI for changes of owner, orter, or other such change of condition.		
	4/26/85	Title) (Date)	able on new and recompleted  Fill out only Sections I.	II. III, and VI for changes of owner, order, or other such change of conditionust be filed for each pool in multiply		