

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Tenneco Oil Company	
Address P.O. Box 3249, Englewood, Colorado 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name City of Farmington Com	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter J : 2160 Feet From The South Line and 1591 Feet From The East				
Line of Section 10 Township 29N Range 13W 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, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 10
	Twp. 29N	Rge. 13W
Is gas actually connected?		When

If this production is commingled with that from any other lease or pool, give commingling order number _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Mike McCredie

(Signature)

Administrative Analyst

(Title)

February 11, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

Original Signed by FRANK T. CHAYL

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 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 Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.

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

FEB 13 1987

IV. COMPLETION DATA

Designate Type of Completion — (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v
Date Spudded 11/12/86	Date Compl. Ready to Prod. 01/08/87	Total Depth 6064'			P.B.T.D. 6043'				
Elevations (DF, AKB, RT, GR, etc.) 5343' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 5838' - 5984' DK			Tubing Depth 5808'				
Perforations 60' 120 holes at 2 JSPF	5838-52' 5864-68'	5920-24' 5938-41'	5944-66' 5971-84'		Depth Casing Shoe 6064'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		544'		324 cubic Ft.				
7 7/8"	4 1/2"		6064'		2,128' cu Ft. (3 stages)				
	2 3/8" (tubing)		5808'		of Lite or Class B + 2%				
					CaCl + 1/4" x Floseal				

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 3495	Length of Test 3 hours	Bbls. Condensate/MMCF 87	Gravity of Condensate
Testing Method (pilot, back pr.) AOF	Tubing Pressure (Shut-in) 1940 PSIG	Casing Pressure (Shut-in) Packer	Choke Size 3/4"