

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED
FEB 26 1988
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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

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. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter J : 2203' Feet From The South Line and 1653' 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	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"/> City of Farmington Utility System Tenneco	Address (Give address to which approved copy of this form is to be sent) 800 Municipal Drive, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 10	Twp. 29N	Rge. 13W	Is gas actually connected? No	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.


Michael D. Gammon (Signature)
Sr. Administrative Analyst
(Title)
2/25/88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT 8

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.

IV. COMPLETION DATA

Designate Type of Completion — (X)									
Oil Well		Gas Well	X	New Well	X	Workover		Deepen	
Plug Back		Same Resv.		Diff. Resv.					

Date Spudded	12/2/87	Date Compl. Ready to Prod.	12/26/87	Total Depth	6321'	P.B.T.D.	6296'
Elevations (D.F., RKB, RT, GR, etc.)	5345' GL	Name of Producing Formation	Dakota	Top Oil/Gas Pay	6108'	Tubing Depth	6061'
Perforations	6108 - 6260						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
3 7/8	2 3/8	6061'					
12 1/2	9 5/8	518'	148ft ³ CL "B"				
7 7/8	4 1/2	6300'	313ft ³ CL "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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	Oil - Bbls.	Water - Bbls.	Gas - MCF	Actual Prod. During Test

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	4241	3 hrs.	-0-	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	Flowing	922		3/4"