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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-10a
Supersedes Old C-10a and C-
Effective 1-1-85

Operator Tenneco Oil Company
Address Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jacquez</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>E</u> ; <u>1830</u> Feet From The <u>North</u> Line and <u>1135</u> Feet From The <u>West</u>				
Line of Section <u>25</u> Township <u>30N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Conoco</u>	<u>Box 460, Hobbs, New Mexico 88240</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>El Paso Natural Gas</u>	<u>Box 990, Farmington, New Mexico 87401</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>25</u>	Range <u>9W</u>	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: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resh. <input type="checkbox"/>	Diff. Resh. <input type="checkbox"/>
Date Spudded <u>12/14/80</u>	Date Compl. Ready to Prod. <u>03/31/81</u>	Total Depth <u>6980'</u>		P.B.T.D. <u>6968'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>5664' gr.</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>6686'</u>		Tubing Depth <u>6706'</u>			
Perforations <u>6686-97', 6791-98', 6850-56', 6894-6906', 6914-22'</u>						Depth Casing Shoe		

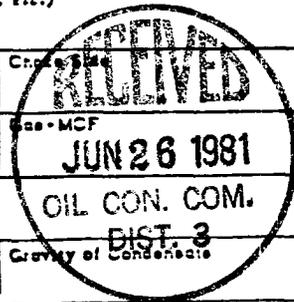
TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>9-5/8" 36#</u>	<u>294</u>	<u>200sx</u>
<u>8-3/4"</u>	<u>7" 23#</u>	<u>2989</u>	<u>525sx</u>
<u>6-1/4"</u>	<u>4-1/2" 10.5#</u>	<u>6978'</u>	<u>1500sx</u>
	<u>2-3/8"</u>		

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
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>916</u>	<u>3 hrs.</u>		
Testing Method (plug, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Back Pressure</u>	<u>1960 psi</u>	<u>825 psi</u>	<u>3/4"</u>



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.

William P. Knight
(Signature)
Administrative Supervisor
(Title)
April 1, 1981
(Date)

**OIL CONSERVATION COMMISSION
DEC 17 1981**

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

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen 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 conditions.
Separate Forms C-10a must be filed for each pool in multiple completions.