

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-110
Effective 1-1-65

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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

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 Neal Com | Well No. 1E | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee | Lease No. SF-078051 |
| Location Unit Letter D ; 900 Feet From The North Line and 920 Feet From The West Line of Section 15 Township 31N Range 11W , 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"/> Giant Refining Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, NM 87401 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas | Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 15 | Twp. 31N | Rge. 11W | Is gas actually connected? No | When ASAP |

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 1/21/82 | Date Compl. Ready to Prod. 4/1/82 | | Total Depth 7265' KB | | P.B.T.D. 7259' KB | | | |
| Elevations (DF, RKB, RT, GR, etc.) 5946' KB | Name of Producing Formation Dakota | | Top Oil/Gas Pay 7014' KB | | Tubing Depth 7104' KB | | | |
| Perforations 7014-28'KB, 7104-23'KB, 7143-48'KB, 7158-62'KB, 7173-77'KB, 7190-93'KB | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 9-5/8" 36# | | 285' KB | | 280 | | | |
| 8-3/4" | 7" 23# | | 4772' KB | | 554 | | | |
| 6-1/4" | 4-1/2" 11.6, 10.5# | | 7265' KB | | 285 | | | |
| | 2-3/8" | | 7104' 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 |

GAS WELL

| | | | |
|---|---------------------------------------|---------------------------------------|-----------------------|
| Actual Prod. Test-MCF/D 2214 | Length of Test 3 hrs. | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (shut-in) 1910 psi | Casing Pressure (shut-in) 1910 psi | 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.

Denise A. Simon
(Signature)
Production Analyst
(Title)
April 22, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 12 1982, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE _____

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.