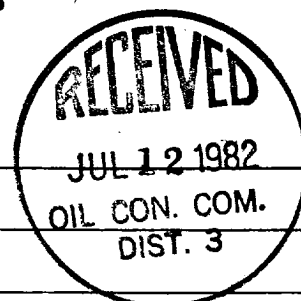


NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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



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

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Barnes	Well No. 17	Pool Name, Including Formation Bas in Dakota	Kind of Lease Federal	Lease No. USA SF 078039
Location				
Unit Letter <u>L</u> ; <u>1530</u> Feet From The <u>South</u> Line and <u>885</u> Feet From The <u>West</u>				
Line of Section <u>22</u> Township <u>32N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, New Mexico 88240	
CONOCO		
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) P.O. Box 990, Farmington New Mexico 87401	
El Paso Natural Gas		
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>22</u>
	Twp. <u>32N</u>	Rge. <u>11W</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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>	<u>X</u>					
Date Spudded 4-25-82	Date Compl. Ready to Prod. 7-1-82	Total Depth 7904' KB		P.B.T.D. 7899' KB				
Elevations (DF, RKB, RT, GR, etc., 6463' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7663' KB		Tubing Depth 7716' KB				
Perforations 7765-67' KB, 7776-80' KB, 7826-32' KB, 7876-88' KB 7663-68' KB, 7676-80' KB, 7740-46' KB, 7752-56' 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#		326' KB		285			
8 3/4"	7" 23#		3727' KB		490 523			
6 1/4"	4 1/2" 10.5, 11.6#		7904' KB		428			
	2 3/8"		7716' 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 1,113	Length of Test 3 hr.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1200 psi	Casing Pressure (shut-in) 1200 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 Wilson  
(Signature)

Production Analyst

(Title)

July 7, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 12 1982, 19  
Original Signed by CHARLES GHOLSON  
BY \_\_\_\_\_

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 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.