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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 1-1-85

Operator Tenneco Oil Company	
Address P.O. Box 3249, Englewood, CO 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) JUL 15 1983	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Childers	Well No. 3E	Pool Name, including Formation Basin Dakota	Kind of Lease State (Federal or Fee) <u>USA</u> SF	Lease No. 078040
Location				
Unit Letter <u>N</u>	: 1290	Feet From The <u>S</u>	Line and 1780	Feet From The <u>E</u>
Line of Section <u>3</u>	Township <u>31N</u>	Range <u>11W</u>	, 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.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbes, NM 88240			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>3</u>	Twp. <u>31N</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.
		X	X					
Date Spudded 5/4/83	Date Compl. Ready to Prod. 7/5/83	Total Depth 7340' KB		P.B.T.D. 7297' KB				
Elevations (DF, RKB, RT, GR, etc.) 5980' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7080' KB		Tubing Depth 7138' KB			
Perforations 7080-92' KB, 7123-27' KB, 7164-82' KB, 7192-99' KB, 7207-19' KB - 7253'				Depth Casing Shoe -				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE:		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		305' KB		265 CF			
8 3/4"	7"		4875' KB		971 736 CF			
6 1/4"	4 1/2"		4709-7340' KB		499 322 CF			
-	2 1/16"		7138' 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)

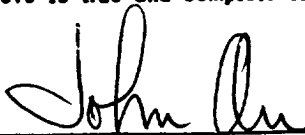
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1393	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 2020 psi	Casing Pressure (shut-in) 504 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.



Production Analyst

7/11/83

OIL CONSERVATION COMMISSION
7-25-83 **JUL 25 1983**
APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE 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 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.