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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-11
Effective 1-1-65

Operator Tenneco Oil Co.	
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)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barnes	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease USA	Lease No. 078039
State, Federal or Fee SF				
Location				
Unit Letter F ; 1520 Feet From The North Line and 1490 Feet From The West				
Line of Section 26 Township 32N 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"/>	Address (Give address to which approved copy of this form is to be sent)			
Conoco Inc. Surface transportation	P. O. Box 460, Hobbs, NM 88240			
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)			
El Paso Natural Gas Co.	P. O. Box 4990, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 26	Twp. 32N	Rge. 11W
Is gas actually connected?		When		
No		As soon as possible		

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 12-26-84	Date Compl. Ready to Prod. 2-6-85		Total Depth 7870' KB		P.B.T.D. 7320' KB			
Elevations (DF, RKB, RT, GR, etc.) 6468' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 7675' KB		Tubing Depth 7786' KB			
Perforations 2 JSPF 38', 76 holes 7675-94', 7752-68', 7790-63' KB					Depth Casing Shoe 7867' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8" csg		330' KB		210 sx 248 CF			
8-3/4"	7" csg		3780' KB		515 sx 843 CF			
6-1/4"	4-1/2" liner csg		7867' KB		480 sx 817 CF			
--	2-3/8" tbg		7786' 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.	685 MCF

GAS WELL

Actual Prod. Test-MCF/D 1493	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 1618	Casing Pressure (shut-in) 2173	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.

Scott McKim
(Signature)
Sr. Regulatory Analyst
(Title)
2/12/85
(Date)

OIL CON. DIV.
DIST 3
2-1885
APPROVED
MAR 18 1985
Original Signed by FRANK T. CHAVEZ
BY
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