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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 1-1-65

RECEIVED
MAR 26 1985
OIL CON. DIV.
DIST. 3

I.

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)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pritchard	Well No. 6E	Pool Name, including Formation Basin Dakota	Kind of Lease USA	Lease No. 013686
Location				
Unit Letter D	1065'	Feet From The North	Line and 900'	Feet From The West
Line of Section 34	Township 31N	Range 9W	, 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 Transporter	P. O. Box 460, Hobbs, N. M. 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	P. O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 34	Twp. 31N	Rge. 9W	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 1-8-85	Date Compl. Ready to Prod. 3-6-85	Total Depth 7520' KB	P.B.T.D. 7511' KB					
Elevations (DF, RKB, RT, GR, etc.) 6109' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7288' KB	Tubing Depth 7421' KB					
Perforations 1 JSPF, 78', 78 holes 7288-7304', 7318'-38', 7376-88', 7396-7402', 7440-56', 7486-94' KB	Depth Casing Shoe 7517' KB							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8" csg	326' KB	225 sx 266 cf					
8 3/4"	7" csg	3495' KB	375 sx 704 cf					
6 1/4"	4 1/2" liner casing	3336-7517' KB	444 sx 751 cf					
--	2-3/8" tbg	7421' 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)

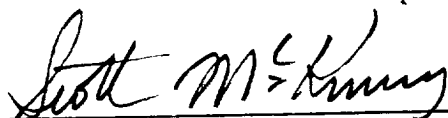
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 506	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 1372	Casing Pressure (shut-in) 1372	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.



Sr. Regulatory Analyst

(Title)

3/12/85

(Date)

OIL CONSERVATION COMMISSION

4-15-85
APPROVED APR 15 1985

Original Signed by FRANK T. CHAVEZ

BY 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