

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 11 1988

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jaquez Com	Well No. 5	Pool Name, Including Formation Pictured Cliffs	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>A</u> : <u>1000</u> Feet From The <u>north</u> Line and <u>1000</u> Feet From The <u>east</u> Line of Section <u>30</u> Township <u>31N</u> Range <u>9W</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)
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)
EI Paso Natural Gas	P.O. Box 4990 Farmington, NM
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. no asap

If this production is commingled with that from any other lease or pool, give commingling order number _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Steve Foster

(Signature)

Sr. Administrative Analyst

(Title)

January 5, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT 22 4

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 Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)									
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.		

Date Spudded	11/24/87	Date Compl. Ready to Prod.	12/22/87	Total Depth	3301'	P.B.T.D.	3256'
Elevations (D.F., R.K.B., RT, GR, etc.)	6365' GI	Name of Producing Formation	Pictured Cliffs	Top Oil/Gas Pay	3168'	Tubing Depth	3207' KB
Perforations	3168=3212	TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	12-1/4	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	805x 65/35 w/100sx Class B	5805x w/505x Class B	

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

GAS WELL

Actual Prod. Test - MCF/D	2916	Length of Test	3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate	Back Pressure	Testing Method (pilot, back pr.)