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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PADRATION 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-
Effective 1-1-63

Operator
TENNECO OIL COMPANY

Address
BOX 3249, ENGLEWOOD, CO 80155

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Moore Com	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State (Federal) or Fee SF-078147	Lease No.
Location				
Unit Letter F	1650	Feet From The north	Line and 1650	Feet From The west
Line of Section 25	Township 32N	Range 12W	N.M.P.M.	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)
GIANT REFINING CO.	BOX 256, FARMINGTON, NM 87401
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	Box 990 Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
	F 25 32N 12W YES

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 Reservoir Diff. Reservoir

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.
Elevations (DF, RKE, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Case Pressure
Actual Prod. During Test	Oil-Basis	Water-Basis	Case Pressure

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Basis: Condensate/MCF	Gravity of Condensate
Testing Method (publ, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Case Pressure

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
AUGUST 1, 1982
(Date)

OIL CONSERVATION COMMISSION
AUG 16 1982

APPROVED _____, 19____
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 deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

