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| | 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

5 - NMOCC
1 - Cont.
1 - EOC File

| | |
|--|-------------------------------------|
| I. Transporter Tenneco Oil Company | |
| Address P. O. Box 1714, Durango, Colorado 81301 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Effective first delivery. |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: | |
| Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|---------------|--|---|
| Lease Name Newberry | Well No. 4 | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter J ; Feet From The Line and Feet From The | | | |
| Line of Section 34 , Township 32-N Range 12-W , NMFM, 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) |
| McWood Corporation | P. O. Box 1702, Farmington, New Mexico |
| 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 990, Farmington, New Mexico |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| J 34 32 12 | No On Approval |

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 12/4/65 | Date Compl. Ready to Prod. 1/28/66 | Total Depth 7500 | P.B.T.D. 7466 | | | | | |
| Pool 6226 GR | Name of Producing Formation Dakota | Top Oil/Gas Pay 7207 | Tubing Depth 7404 | | | | | |
| Perforations 7207-7416 | | | Depth Casing Shoe 7500 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12-1/4 | 9-5/8 | 272 | 175 sx | | | | | |
| 7-7/8 | 4-1/2 | 7500 | 250 sx 1st stage | | | | | |
| | | | 175 sx 2nd stage | | | | | |
| | 2-3/8 | 7404 | 400 sx 3rd stage | | | | | |

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 5151 | Length of Test 3 Hours | Bbls. Condensate/MMCF --- | Gravity of Condensate --- |
| Testing Method (pitot, back pr.) AOF | Tubing Pressure 325 | Casing Pressure 1037 | 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.

Harold C. Nichols
Senior Production Clerk

February 28, 1966

OIL CONSERVATION COMMISSION

APPROVED MAR 3 1966
BY Original Signed Emery C. Arnold
TITLE Supervisor Dist. # 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 Sections I, II, III, and VI only 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.