

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|-------------------|-----|--|
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

| | |
|--|--|
| Operator Tenneco Oil Company | |
| Address P. O. Box 3249, Englewood, CO 80155 | |
| Reason(s) for Filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change in Ownership <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. 4E | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Foreign Federal SF | Lease No. 078146 |
| Location Unit Letter <u>H</u> : <u>1710</u> Feet From The <u>North</u> Line and <u>910</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>32N</u> Range <u>12W</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"/> Conoco | Address (Give address to which approved copy of this form is to be sent) Box 460, Hobbs, New Mexico 88240 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas | Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401 | |
| If well produces oil or liquids, give location of tanks. | Unit <u>H</u> | Sec. <u>34</u> |
| | Twp. <u>32N</u> | Rge. <u>12W</u> |
| | Is gas actually connected? <u>No</u> When <u>ASAP</u> | |

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 <input type="checkbox"/> | Gas well <input checked="" type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res. <input type="checkbox"/> | Diff. Res. <input type="checkbox"/> |
| Date Spudded 3/25/81 | Date Compl. Ready to Prod. 5/12/81 | | Total Depth 7490' | | P.B.T.D. 7484' | | | |
| Elevations (DF, RKB, RT, CR, etc.) 6233' gr. | Name of Producing Formation Dakota | | Top Oil/Gas Pay 7232' | | Tubing Depth 7250' | | | |
| Perforations 7232-49', 7321-35', 7346-50', 7363-67', 7388-90', 7395-7400', 7423-31' | | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 9-5/8" 36# | | 281' | | 225 sx | | | |
| 8-3/4" | 7" 23# | | 4953' | | 1st: 160 sx, 2nd: 540 sx | | | |
| 6-1/4" | 4-1/2" 10.5, 11.6# | | 7484' | | 500 sx | | | |
| | 2-3/8" | | 7250' | | | | | |

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 slice
able 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 1519 | Length of Test 3 hrs. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 1640 PSI | Casing Pressure (Shut-in) 1640 PSI | 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.

Assistant Division Administrative Manager

May 14, 1981

(Date)

OIL CONSERVATION COMMISSION

MAY 28 1980

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this form is requested for allowable for a newly drilled or deepen
well, this form must be accompanied by a tabulation of the covisat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of condit
Separate Forms C-104 must be filed for each pool in multi
-comparted wells.