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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION 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

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MAR 29 1965

I. OPERATOR

Operator: Tenneco Oil Company

Address: Box 1031, Midland, Texas

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain): Change in transporter of oil from The Permian Corporation effective April 1, 1965

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Delhi-Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Lusk Strawn</u>	Kind of Lease State, Federal or <u>Federal</u>
Location Unit Letter: <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>19-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipe Line Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Room B-2, Phillips Bldg., Odessa, Texas</u>
Does well produce oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>30</u> Twp. <u>19-S</u> Rge. <u>32-E</u>	Is gas actually connected? <u>Yes</u> When <u>5-15-63</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same as Original
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Pool	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 that obtainable 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 Producing Test	Oil - Bbls.	Water - Bbls.	Gas - MMCF

GAS WELL

Actual Producing Test - MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

R.O. Bowery (Signature) **R.O. Bowery**
 District Office Supervisor (Title)
 March 24, 1965 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 1965
 BY _____
 TITLE _____

This form is to be filed in compliance with R _____
 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 all wells on new and recompleted wells.
 Fill out Sections I, II, III, and VI only for changes of operator, well name or number, or transporter, or other such changes.
 Separate Forms C-104 must be filed for each pool on all newly completed wells.