

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	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

Operator Tenneco Oil Company	
Address Box 1031, Midland, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name USA Moleen Unit	Well No. 1	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee Federal
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 31 , Township 18-S Range 32-E , NMPM, Lea County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas is being vented - will be connected as soon as pipeline is available	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 6
	Twp. 19-S	Rge. 32-E
	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB - 129**

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well	New Well <input checked="" type="checkbox"/> Workover Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-14-65	Date Compl. Ready to Prod. 4-15-65	Total Depth 11,473	P.B.T.D.		
Pool Undesignated	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,231	Tubing Depth 11,257		
Perforations 11,340 - 11,350 w/4 BPF			Depth Casing Shoe 11,472		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
17 1/2"	13 3/8"	653	600 sx		
11"	8 5/8"	3207	300 sx		
7 7/8"	4 1/2"	11472	325 sx		

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 4-15-65	Date of Test 4-15-65	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 1150	Casing Pressure Packer	Choke Size 16/64
Actual Prod. During Test 420	Oil - Bbls. 420	Water - Bbls. non3	Gas - MCF 1980

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing 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.

J.F. Carnes
(Signature) **J.F. Carnes**
District Production Foreman
(Title)
April 20, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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.