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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico September 5, 1962
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

TENNECO CORPORATION* U. S. Smelting-USA

Well No. 3 in NE 1/4 SE 1/4

(Company or Operator)

(Lease)

I

Sec. 22

T. 24-S

R. 32-E

NMPM,

Undesignated

Pool

Unit Letter

Lea

County. Date Spudded 8/21/62

Date Drilling Completed 8/28/62

Elevation GL 3600 Est.

Total Depth 5005 PBDT 4980

Top Oil/Gas Pay 4898

Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4898' 4964'

Open Hole

Depth

4998'

Depth

4873'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 43 bbls. oil, 12 bbls water in 12 hrs, 0 min. Choke Size 10/64"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 104 50. 7500 sand

Casing Press. 640 Tubing Press. 200 Date first new oil run to tanks September 2, 1962

Oil Transporter The McWood Corporation

Gas Transporter None

Remarks: *BY ITS MANAGING AGENT TENNECO OIL COMPANY

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19_____

TENNECO OIL COMPANY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

Title _____

By: A. W. Lang (Signature)

Title District Production Superintendent

Send Communications regarding well to:

Name Tenneco Oil Company

Address Box 307, Hobbs, New Mexico