Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

I.

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							į	II API No.			
Tenison Oil Company							3	30-025-0950	1		
Address 8140 Wallnut Hill Ln.	#601 Da	allas,	Texa	as 7523	1						
Reason(s) for Filing (Check proper box)					Oth	er (Please expli	ain)				
New Well		Change in	_								
Recompletion \square	Oil		Dry G		Effect	ive: 11/	1/91				
Change in Operator	Casinghea	d Gas X	Conde	nsate							
If change of operator give name and address of previous operator				,		·····					
II. DESCRIPTION OF WELL	AND LE										
Lease Name		Well No. Pool Name, Including 2 Jalmat Tan						ind of Lease FED Lease No. ate, Federal or Fee D. 022426			
Vaughn B-3			Jai	lliat lai	isili ra	ces /kiv	ers		D 03:	2436	
Location Unit LetterD	:330)	Feet Fr	rom The No	orth_Line	and330		Feet From The W	est	Line	
Section ³ Townshi	p 24S		Range	36E	, N	ирм, L	ea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	L AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	₩	or Conden				e address to wh	hich appro	ved copy of this for	n is to be se	eni)	
Shell Pipeline					Box 310	5 - Hous	ston,	Texas 77253	-3105		
Name of Authorized Transporter of Casinghead (36) (Transporter of Casinghead (36))						Address (Give address to which approved copy of this form is to be sent)					
Sid Richardson Carbon & Gasoline Co.)1 Main St. Ft. W. Tx.76102			
If well produces oil or liquids, give location of tanks.	Unit F	Sec.	Twp.	· ·	Is gas actually connected? Yes			When? Unkown			
If this production is commingled with that	-				ing order numl			OHROWII			
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deeper	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X)	ĺ	i		j i		j i	.i i .		İ	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	Pay		Tubing Depth	Tubing Depth		
Perforations								Depth Casing	Shoe		
TUBING, CASING AND					CEMENTI		D				
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET		SA	SACKS CEMENT		
					<u> </u>						
					<u> </u>						
					<u> </u>						
V. TEST DATA AND REQUES	T FOR A	ALLOWA	BLE	*	1			· 			
OIL WELL (Test must be after r	ecovery of to	stal volume	of load	oil and must					full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing Me	thod (Flow, pu	ump, gas lij	ft, etc.)			
Length of Test	Tubing Program				Casing Pressu			Choke Size	Choke Size		
Length of Test Tubing Pressure					Casing 1 Tessure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
GAS WELL	<u></u>	······································									
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sate/MMCF		Gravity of Cor	Gravity of Condensate		
					i I						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-in)		Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATF OF	COMP	IIAN	JCF		*****			P-71-1	•	
I hereby certify that the rules and regula				ICL	(OIL CON	ISER'	VATION D	IVISIC	NC	
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Date	Date Approved					
Rost. B. lin											
					Orig. Signed by By Paul Kautz						
Signature Robert B. Tenison Ir., Manager-Marketing					-, -	By Paul Kautg Geologist					
Printed Name Title					Title	•		≠ 1			
11/12/91		(214) 3			'''''						
Date		l'elep	phone N	Ю.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.