Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 8824C

State of New Mexico . ergy, Minerals and Natural Resources Departm...

Form C-104 Revised 1-1-39 See Instructions at Bottom of Page

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

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

perator							Well	API No.	0953	T	
Tenison Oil Company						30-025 -09533 -					
idress	u (1 1 T	ana "	601	- D-1	lac ma	vac 75	5231				
8140 Walnut eason(s) for Filing (Check proper box)		ane #	90T	<u>- Dal</u>		exas 75					
ew Well		Change is	Transpo	orter of:			,				
ecompletion	Oil		Dry G	as 🔲	ਸਕਾਸ	ECTIVE:	. 1. 1	VC			
nange in Operator XX	Casinghe	ad Gas	Conde	nsate	<u> EF</u>	ECTIVE.	2 01	3 7			
thange of operator give name address of previous operator Tr	iton O	il &	Gas	Corp.	- 4849	Greenv	ville A	ve. #]	L000 - I	Dallas. 7520	
DESCRIPTION OF WELL	AND LE		[Po1 N		· T	7 Di	- 17:-1	-61 (TIT			
J. L. Coates		Well No.	1		romation Tansill	7 River		of Lease FE Federal of Fe		ease No. 2436	
ocation	<u></u>	1 4	1 0 a	Imac	Idiibili	. Iaces	L		<u>C 104</u>	2430	
Unit LetterC	. 99	0	Feet Fr	om The No	orth Lin	eand 16	550 Fe	et From The	West	Line	
Olin Denti			_1041	- IOIII 1110			• • • • • • • • • • • • • • • • • • • •	201 1 10111 1110			
Section 10 Towns	hip 24	<u>S</u>	Range	3	6E , N	MPM, L ϵ	ea			County	
I. DESIGNATION OF TRA	NSPORTE	er of c	IL AN	D NATU	RAL GAS						
arms of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
None. Swd u		<u></u> -									
ame of Authorized Transporter of Cas	nghead Gas		or Dry	Gas	Address (Gir	ve address to w	hich approved	copy of this	form is to be si	eni)	
None. well produces oil or liquids,	Unit	Sec.	Twp.	Rae	Is gas actual	v connected?	When	. ?			
ve location of tanks.		i		1		,	i	· 			
his production is commingled with the	t from any oil	her lease or	pool, gi	ve comming	ling order num	ber:					
. COMPLETION DATA		1			1 .,	(vv ·	1	1 5 -	la. n	bice n	
Designate Type of Completio	n - (X)	Oil Wel	1 (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded		pi. Ready t	o Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<u> </u>	<u>, L</u>	
OF DEP DE CD					Top Oil/Gas Pay			Tubing Deeth			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Tubing Depth			
riorations					<u> </u>			Depth Casi	ng Shoe		
		TUBING	, CASI	NG AND	CEMENTI	NG RECOR					
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								 			
TEST DATA AND REQUI	ST FOR	ALLOW	ABLE								
IL WELL (Test must be after			of load	oil and must					for full 24 hou	rs.)	
ate First New Oil Run To Tank	Date of Te	st			Producing M	ethod (Flow, p	ump, gas tyt, i	eic.)			
ength of Test	Tubing Pressure				Casing Press	ure		Choke Size			
See of the											
ctual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbis.			Gas- MCF		
					1						
GAS WELL						·					
ctual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
The Design (Charles)				Casing Pressure (Shut-in)			Choke Size				
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)											
I. OPERATOR CERTIFI	CATEO	CONT	DI TAN	VCE	1					·····	
· -				NCE		OIL CON	NSERV	ATION	DIVISIO	NC.	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								1111 1	7 13.00		
is true and complete to the best of m					Date	e Approve	ed	7 (7 k - 5,	/ Kadii		
R -1	27.							ALIEN OV	IEDDA SEX.	14 0 1	
18ru S/ /ache					By_	. 01	RIGINAL SI	GNED BY	JERRY SEX E rviso r		
Bruce C. Mack	e, Produ	uction	Mgr.	<u> </u>		·	וו פוע	17C: (30F)	#10 4 1 W W 1		
Printed Name			Title		Title						
10/23/89			-363- lephone 1	- <u>5005</u>							
Date		16	ichione (₩.	11						

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 with Rule 111.
- 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.