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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  
**RECEIVED**  
 JAN 27 1965  
 O. C. C.  
 ARTESIA, OFFICE

I. 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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **USA-Reno Oil Company** Well No. **3** Pool Name, including Formation **Undesignated** Kind of Lease **Federal**  
 Location  
 Unit Letter **K** ; **1980** Feet From The **South** Line and **1980** Feet From The **West**  
 Line of Section **3** , Township **15-S** Range **31-E** , NMPM, **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
**Continental Pipe Line Company** Address (Give address to which approved copy of this form is to be sent)  
**Carper Bldg., Artesia, New Mexico**  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
**Gas not connected TSTM** 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 **M** Sec. **3** Twp. **15-S** Rge. **31-E** Is gas actually connected? **no** When

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 Res'v.	Diff. Res'v.
<b>X</b>			<b>X</b>					
Date Spudded <b>1-8-65</b>	Date Compl. Ready to Prod. <b>1-21-65</b>	Total Depth <b>3220</b>	F.B.T.D. <b>---</b>					
Pool <b>Undesignated</b>	Name of Producing Formation <b>Caprock Queen</b>	Top Oil/Gas Pay <b>3152</b>	Tubing Depth <b>3152</b>					
Perforations <b>3154 - 58</b>	Depth Casing Shoe <b>3212</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4"</b>	<b>8 5/8"</b>		<b>371</b>		<b>255</b>			
<b>7 7/8"</b>	<b>4 1/2"</b>		<b>3212</b>		<b>95</b>			
	<b>2 3/8"</b>		<b>3152</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL  
 Date First New Oil Run To Tanks **1-21-65** Date of Test **1-22-65** Producing Method (Flow, pump, gas lift, etc.) **Pump**  
 Length of Test **24 hrs.** Tubing Pressure **30** Casing Pressure **30** Choke Size **--**  
 Actual Prod. During Test **46** Oil-Bbls. **46** Water-Bbls. **1** Gas-MCF **TSTM**

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**  
 District Production Foreman  
 January 22, 1965

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY **J.P. Stanley**  
 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.