

July 29, 1966

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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

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JUL 29 1966

I. Operator **Tenneco Oil Company** **O. C. C. ARTESIA, OFFICE**  
Address **P. O. Box 1031 Midland, Texas**  
Reason(s) for filing (Check proper box) Other (Please explain)  
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	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
State "L"	B-514	20	Grayburg Jackson San Andres	State, <del>XXXXXX</del> B-514
Location: Unit Letter <b>C</b> ; <b>2173</b> Feet From The <b>west</b> Line and <b>457</b> Feet From The <b>north</b> Line of Section <b>28</b> Township <b>17 S</b> Range <b>29 E</b> , NMPM, <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Texas-New Mexico Pipeline Co.</b>	<b>Box 1510 Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Phillips Petroleum Co.</b>	<b>Room B-2 Phillips Bldg. Odessa, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	28	17S	29E	yes	at completion prod. into existing battery

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'tv.	Diff. Res'tv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
5-29-66		2900		2841				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3559 RKB	San Andres	2584		2755				
Perforations	one 1/2" hole @ 2584', 2607', 2617', 2628', 2640', 2654', 2667', 2686', 2694', 2705'.				Depth of Casing Shoe			
					2895'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		370		200 sx.			
6-3/4"	4-1/2"		2825		110 sx.			
4-1/2" csg.	2-3/8		2755		tubing.			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-25-66	7-26-66	pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	20 psi	20 psi	open 2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
59	47	12 (load)	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 J. F. Carnes  
(Signature)  
District Production Engineer  
(Title)  
July 27, 1966  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 29 1966, 19\_\_\_\_\_  
BY W. A. Gressett  
OIL AND GAS INSPECTOR  
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 only Sections I, II, III, and VI 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.