NO. OF COPIES RECEIVED		6	
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LAND OFFICE		l	L
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		60	

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED OCT 5 1966 PRORATION OFFICE Operator O. C. C. Tenneco Oil Company ARTESIA, OFFICE Midland, Texas Box 1031 Other (Please explain) Reason(s) for filing (Check proper box) Change location o Tanka Change in Transporter of: Change Lease Name + well # Dry Gas Oil Recompletion Casinahead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Lease No Pool Name, Including Formation Kind of Lease Lease Name J. West Coop ut, Crayburg Jackson W. Unit Well No. State, Federal or Fee 514 19 State Grayburg Jackson Location 2173 Feet From The west 467 Feet From The <u>north</u> Line and Unit Letter County Range 29 E , NMPM, 28 17 S Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Box 1510 Midland, Texas

Address (Give address to which approved copy of this form is to be sent) Temas New Mexico Pipeline Co. or Dry Gas ame of Authorized Transporter of Casinghead Gas Rm B-2, Phillips Bldg.
Is gas actually connected? When Odessa, Texas Phillips Pet. Co. Sec. P.ge. at completion. Twp. If well produces oil or liquids, prod. into existing battery give location of tanks. yes 17S\_¦ If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Restv. Diff. Restv. Plua Back New Well Oil Well Gas Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil - Bble. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE OCT 1 3 1966 APPROVED I hereby certify that the rules and regulations of the Oil Conservation

Sept. 29, 1966

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. J. Carnes	J. F. Carne
Dist Prod. Eng. (Signature)	

(Title)

(Date)

This form is to be filed in compliance with RULE 1104.

OIL AND GAS INSPECTOR

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