| | • | , | | 1 | |
|------------|--|---|--|---|--|
| | DISTRIBUTION | | CONSERVATION COMMISSION | Form C-104 | |
| | SANTA FE | REQUES | T FOR ALLOWABLE | Supersedes Old C-104 and C- Eliective 1-1-65 | |
| | U.S.G.S. | AUTHORIZATION TO TE | AND RANSPORT OIL AND NATUR <u>AL</u> | | |
| | LAND OFFICE | AUTHORIZATION TO TR | CARST OR FOLL AND NATURAL | GAS | |
| | IRANSPORTER OIL / GAS | | The second secon | , | |
| | OPERATOR 2 | | :AN -6 1978 | | |
| 1. | Operator | | JAIN -0 | 1 | |
| | Tenneco Oil Company | | | | |
| | Address | | | | |
| | 1860 Lincoln St., Su | 1860 Lincoln St., Suite 1200, Denver, Colorado 80295 | | | |
| | Reason(s) for filing (Check proper b | | | | |
| | New Well | New Well Change in Transporter of: Recompletion Oli Dry Gas dualling into the Upper Zone. | | | |
| | Change in Ownership | | ensate dualling into th | e Upper Zone. | |
| | If change of ownership give name and address of previous owner | | | | |
| 11 | . DESCRIPTION OF WELL AN | | | | |
| | Lease Name | Well No. Pool Name, Including | | Lease No. | |
| | Hospah | 32 Hospah Sout | th Upper State, Federa | NM-8269 | |
| | | 50 Feet From The NORth L | 2370 | The West | |
| | Unit Letter ; 3 | 50 Feet From The NOB CII Li | ine and 2010 Feet From | The WEST | |
| | Line of Section 12 T | Cownship 17N Range | 9W , NMPM, | McKinley County | |
| *** | | DEED OF OUR AND MARKINAY O | 4.5 | | |
| ALE. | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) | | | | |
| | Shell Pipeline Compar | | P.O. Box 1588, Farming | gton, N.M. | |
| | Name of Authorized Transporter of C | Casinghead Gas or Dry Gas | Address (Give address to which appro | ved copy of this form is to be sent) | |
| | Unit Sec. Twp. Rge. Is gas actually connected? When | | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | NO | en | |
| | | with that from any other lease or pool, | | | |
| IV. | COMPLETION DATA | | give comminging order number: | | |
| | Designate Type of Complet | ion — (X) | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v | |
| | Date NAME Reentered | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | 7/7/77 | 7/7/77 | 1647' | Open hole | |
| | Elevations (DF, RKB, RT, GR, etc.) | | Top Oil/Gas Pay | Tubing Depth | |
| | 7048 | Hospah South Upper | 1560' | 1622' & 1575' | |
| | Perforations 140 holes from 1560' | - 1595' | | Depth Casing Shoe | |
| | TUBING, CASING, AND CEMENTING RECORD | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | 13-3/4" | 10-3/4" | 64' | 70 sacks | |
| | 9-7/8" | 7" | 16321 | 125 sacks | |
| | | 2-3/8" | 1622' 1575' | · · · · · · · · · · · · · · · · · · · | |
| 3 7 | TEST DATA AND REQUEST I | | | and must be equal to as exceed top allow | |
| ٧. | OIL WELL able for this depth or be for full 24 hours) | | | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lif | (t, etc.) | |
| | 7/7/77 Length of Test | 8/5/77 Tubing Pressure | Pumping. Casing Pressure | Choke Size | |
| Î | 24 hours | unknown | unknown | | |
| ļ | Actual Prod. During Test | OII - Bbls. | Water - Bbls. | Gas-MCF | |
| - 1 | | 32 | 33 | TSTM | |
| | 40 joint | | | A Part of the second | |
| ſ | GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| | | | | Maria | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| L | | | | Choke Size COM. | |
| VI. | CERTIFICATE OF COMPLIAN | CE | | TION COMMISSION | |
| | 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. | | APPROVED 11-10-17NOV 10 1977 | | |
| | | | 10/1 | and with | |
| 1 | | | BY AM Jemmy | | |
| | | | TITLE SUPERVISOR DIST. (16 | | |
| | | | This form is to be filed in co | ompliance with RULE 1104, | |
| _ | D. D. Myers (Siangifice) | | If this is a request for allowable for a newly drilled or deepened | | |
| | (Sign Division Production N | | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | |
| | - DIVISION FROUNCEIUM P | 14114441 | 11 | | |

 γ . 1

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.

(Title) 10-20-77 (Date)