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OPERATOR	3
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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

*B.H.*

**I. Operator**  
Tenneco Oil Company  
Address: Suite 1200 Lincoln Tower Bldg., -Denver, Colorado 80203

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** NM - 12335

Lease Name Hospah	Well No. 49	Pool Name, Including Formation So. Hospah-Lower Sand	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter <u>B</u> ; <u>885</u> Feet From The <u>North</u> Line and <u>2117</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>17-N</u> Range <u>9-W</u> , NMPM, McKinley 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"/> Shell Pipe Line Corp.	Address (Give address to which approved copy of this form is to be sent) 805 W. Municipal Dr.-Framington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Sec. Twp. Rge. Is gas actually connected? 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-21-71	Date Compl. Ready to Prod. 12-2-71	Total Depth 1620	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6994 GR	Name of Producing Formation So Hospah Lower Sand	Top Oil/Gas Pay 1614	Tubing Depth 1566					
Perforations NONE (open hole 1610' to 1620')							Depth Casing Shoe -----	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8	62	40 Sks. Circulated					
7-7/8"	5-1/2	1610	125 Sacks					

**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 12-2-71	Date of Test 12-2-71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test 76	Oil-Bbls. 76	Water-Bbls. NONE	Gas-MCF NONE

DEC 6 1971  
OIL CONSERVATION COMMISSION  
DIST. 3

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

*S. G. Ford*  
(Signature)  
Sr, Production Clerk  
(Title)  
12-2-71  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 6 1971, 19 \_\_\_\_\_

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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.