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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-
Effective 1-1-65

I. Operator Tenneco Oil Company

Address P.O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Jicarilla A</u>	<u>9</u>	<u>Bloomfield Chacra</u>	<u>State, Federal or Fee Federal</u>	<u>09-000110</u>

Location

Unit Letter D ; 980' Feet From The North Line and 835' Feet From The West

Line of Section 20 Township 26N Range 5W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>CONOCO</u>	<u>Box 460, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas</u>	<u>Box 990, Farmington, New Mexico 88240</u>

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>D</u>	<u>20</u>	<u>26N</u>	<u>5W</u>	<u>No</u>	<u>ASAP</u>

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'
		<u>X</u>		<u>X</u>				<u>X</u>

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>9/28/78</u>	<u>10/20/80</u>	<u>6843'</u>	<u>6798'</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>6695'</u>	<u>Chacra</u>	<u>3923'</u>	<u>5270'</u>
Perforations			Depth Casing Shoe
<u>3923-27', 3935-36', 4004-14'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-3/4"</u>	<u>8-5/8" 32#</u>	<u>276'</u>	<u>225 sx</u>
<u>7-7/8"</u>	<u>4-1/2" 10.5#</u>	<u>6843'</u>	<u>825 sx (2 stage)</u>
	<u>2-3/8"</u>	<u>5270'</u>	

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 oil 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 lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

Oil Conservation Commission stamp: DEC 8 1980, OIL CON. COM. DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Quantity of Condensate
<u>557</u>	<u>3 hrs.</u>		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Back Pressure</u>	<u>1070 PSI</u>	<u>970 PSI</u>	<u>3/4"</u>

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.

Charles J. Henthorn
(Signature)
Assistant Division Administrative Manager
(Title)
November 7, 1980
(Date)

OIL CONSERVATION COMMISSION
6-25-81
JUN 25 1981

APPROVED BY John T. Cherry
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.