NO. OF COPIES RECEIVED					
DISTRIBUTION	<u> </u>				
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE		<u> </u>			
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OF					
Operator					
Tenneco Oil Company					
Address					
P.O. Box 3249, Englewo					
Reason(s) for filing (Check proper box)					
New Well					
Recompletion					
Change in Ownership					

110

DISTRIBUTION	NEW MENUES OF	· · · · · · · · · · · · · · · · · · ·	AMENDED		
SANTA FE		CONSERVATION COMMIS	SSION Form C-104 Supersedes Old C-104 and C-		
FILE	+ REQUES	REQUEST FOR ALLOWABLE			
U.S.G.S.	 	AND Effective 1-1-65			
LAND OFFICE	AUTHORIZATION TO TE	RANSPORT OIL AND N	ATURAL GAS		
OIL	 				
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE					
Operator Tenneco Oil Company	,				
Address	y				
P.O. Box 3249, Eng.	lewood, CO 80155				
Reason(s) for filing (Check proper		Other (Please	explain;		
New Well	Change in Transporter of:	<u></u>			
Recompletion	Oil Dry (— :			
Change in Ownership	Casinghead Gas Cond	ensate			
If change of ownership give name and address of previous owner.	ne		-		
. DESCRIPTION OF WELL A	ND LEASE				
Lease Name	Well No. Pool Name, Including		Kind of Lease Federal Lease No		
Jicarilla C	5M Basin Dakot	a	State, Federal or Fee Contract, 108		
Location			,		
Unit Letter A	960 Feet From The N L	ine and <u>960</u>	Feet From The E		
Line of Section 24	Township 26N Range F	Et.i NMDM			
Zinco. Beetien Zi	ZOIV range	<u>5₩</u> , №₩₽₩,	Rio Arriba County		
	ORTER OF OIL AND NATURAL G	AS			
Name of Authorized Transporter o	OI. 🗀 or Condensate 🔀	•	which approved copy of this form is to be sent;		
Conoco	(0	P.O. Box 460, I	Hobbs, NM 88240		
Name of Authorized Transporter of Northwest Pipeline	Casinghead Gas or Dry Gas		which approved copy of this form is it be sent,		
northwest riperine	Unit Sec. Twp. Ege.	P.O. Box 1256,	Salt Lake City, UT 84116		
If well produces oil or liquids, give location of tanks.	A 24 26N 5W		e nie:		
give location of tanks.	A 24 20N 3W	Yes			
	with that from any other lease or pool	, give commingling order n	iumber:		
COMPLETION DATA	Cii Weli Gas Well	New Well Workover	Deepen Flug Back Same Rests, Diff. Resty		
Designate Type of Compl	etion = (X)				
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.		
6/2/80	9/4/80	!			
Elevations (DF, RKB, RT, GR, etc.		7705 * Top Did / Gas Flay	7676!		
6652' gr	Dakota	7456'	!		
Perforations		7450	7390 Depth Casina Shae		
7456-71, 7561-84, 76	606 ⁻ -08, 7615 - 18, 7644-54		!		
		D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
12 4"	9 5/8" 36#	284'	200sx		
8 3/4"	7" 23#	5832'	1100sx		
61/4"	4½" 10.5#	7705'	300sx		
	2 3/8"	7390			
TEST DATA AND REQUEST			of load oil and must be equal to or exceed top allow		
OIL WELL Date First New Oil Run To Tanks		epth or be for full 24 hours, Producing Method (Flou., p	pump. gas lift. etc.)		
			OF ILE		
Length of Test	Tubing Pressure	Casing Pressure	254: k1U+1)		
			KIPLIATO /		
Actual Prod. During Test	Oii-Bbis.	Water - Bals.	Gas-MOF - 4001		
			OCT 2 1 1981		
			OIL CON. COM.		
GAS WELL		T2::-2	PIST 3		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
2005 Testing Method (pitat, back pr.)	Tubing Pressure(shut-in)	Casing Pressure (Shut-is	Choke Size		
	1	1			
	1845 psi		3/4"		
CERTIFICATE OF COMPLIA	ANCE		DISERVATION COMMISSION		
* haraba analifa abaa aba aalaa aa	-d completions of the Oil Communica	APPROVED	OCT 22 1981		
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.					
			Original Signed by FR T CHAVEZ		
		TITLE SU	TITLE SUPERVISOR DISTRICT # 3		
			This form is to be filed in compliance with RULE 1104.		
Dan My			e filed in compliance with RULE 1194. at for allowable for a newly drilled or deepened		
1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	<u> </u>	If this is a reques	it for smomence for a bamily diffrag or deabened		

(Signature) Production Analyst (Title)

October 14, 1981

(Date)

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 filled for each pool in multiply