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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**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-11
Effective 1-1-65

I. OPERATOR
Operator: Tenneco Oil Company
Address: P. O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain):

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OCT 09 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Reames Com</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Otero Chacra</u>	Kind of Lease <u>USA</u> State, Federal or Fee <u>SF</u>	Lease No. <u>079295</u>
Location Unit Letter <u>K</u> ; <u>2120</u> Feet From The <u>south</u> Line and <u>2060</u> Feet From The <u>west</u> Line of Section <u>19</u> Township <u>26N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> 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"/> <u>Conoco, Inc. Surface Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 460, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>19</u> Twp. <u>26N</u> Rge. <u>6W</u>	Is gas actually connected? <u>No</u> When <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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>5/14/84</u>	Date Compl. Ready to Prod. <u>9/23/84</u>	Total Depth <u>5001' KB</u>	P.B.T.D. <u>4953</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6176' KB</u>	Name of Producing Formation <u>Chacra</u>	Top Oil/Gas Pay <u>3239' KB</u>	Tubing Depth <u>3225' KB</u>					
Perforations <u>2 JSPF 3239-47' KB, 3340-43 11' 22 holes</u>			Depth Casing Shoe <u>4998' KB</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>9-5/8" csq</u>	<u>306' KB</u>	<u>210sx 247CF</u>
<u>8-3/4"</u>	<u>7" csq</u>	<u>4998' KB</u>	<u>750sx 1232CF</u>
<u>--</u>	<u>1-1/4" tba</u>	<u>3225' KB</u>	<u>--</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 allowable 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <u>128</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back pressure</u>	Tubing Pressure (Shut-in) <u>740</u>	Casing Pressure (Shut-in) <u>740</u>	Choke Size <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.

Scott McKim
(Signature)
Sr. Regulatory Analyst
(Title)
10/1/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 08 1984, 19____
BY Original Signed by FRANK T. CHAVEZ
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 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.