

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
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-104A  
Effective 1-1-65

Operator Tenneco Oil Company	
Address 1200 Lincoln Tower Bldg., Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon	Well No. 9	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SFO78978
Location Unit Letter <u>H</u> ; <u>1615</u> Feet From The <u>North</u> Line and <u>1025</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>25N</u> Range <u>11W</u> , NMPM, <u>San Juan</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"/>	Address (Give address to which approved copy of this form is to be sent) Thriftway, Inc. 2011 E. Main, Farmington, New Mexico 87401					
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) Not Dedicated					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 1	Twp. 25N	Rge. 11W	Is gas actually connected? No	When Upon Dedication

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'v.
		X	X					
Date Spudded 2/6/74	Date Compl. Ready to Prod. 3/1/74		Total Depth 6342'		P.B.T.D. 6303'			
Elevations (DF, RKB, RT, GR, etc.) 6491' GR	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay		Tubing Depth 6141'			
Perforations 6237' - 6250' & 6254' - 6259'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	Casing 8-5/8"		615'		350 sx Cl "A" + 2% CaCl <sub>2</sub>			
7-7/8"	Casing 5-1/2"		6342'		Stage 1: 175 sx Cl "A"			
	Tubing 2-7/8"		6141'		65-35 POZ + 6% gel,			
followed by 100 sx Class "A" Latex. Stage 2: 600 sx Class A 65-35 POZ + 6% gel.								

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of test oil and must be equal to or exceed top allowable production 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 8170	Length of Test 24 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 1918	Casing Pressure (Shut-in) 2003	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.

Paul J. [Signature]  
(Signature)  
Sr. Production Clerk  
(Title)  
5/31/74  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by Emory G. Ann. 13  
TITLE \_\_\_\_\_

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 multiple completed wells.