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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PACIFICATION 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-  
Effective 1-1-83

**I. Operator**  
TENNECO OIL COMPANY

**Address**  
BOX 3249, ENGLEWOOD, CO 80155

**Reason(s) for filing (check proper box)**  
 New Well       Change in Transporter of:  
 Recombination       Oil       Dry Gas   
 Change in Ownership       Casingshed Gas       Condensate

**Other (Please explain)**

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Delhi-Taylor	Well No. 5	Prop. Name, including Formation Basin Dakota	Kind of Lease State, Federal or Free	Federal SF079679	Lease No.
Location Unit Letter <u>A</u> ; <u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>26N</u> Range <u>11W</u> , N.M.P.M. San Juan 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"/> GIANT REFINING CO.	Address (Give address to which approved copy of this form is to be sent) BOX 256, FARMINGTON, NM 87401
Name of Authorized Transporter of Casingshed Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit: <u>A</u> Sec. <u>17</u> Twp. <u>26</u> Rge. <u>11</u>	Is gas actually connected? <u>YES</u> When _____

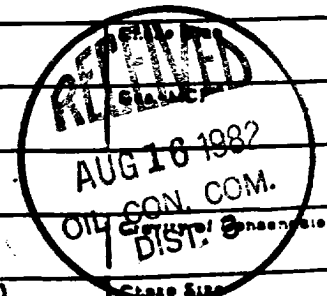
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil well	Gas well	New well	Recover	Deepen	Plug Back	Some Restr.	Drill. Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.S.T.D.				
Elevations (DF, RKE, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations			Depth Casing Shoe					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
MOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			

**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 cap ability for this depth or be for full 24 hours)

Date Test: New Oil Pump To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bails	Water-Bails
<b>GAS WELL</b>		
Actual Prod. Test-MCF/D	Length of Test	Stem. Condensate/MMCF
Testing Method (pneum, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)



**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.

Renise Wilson  
(Signature)  
PRODUCTION ANALYST  
AUGUST 1, 1982  
(Date)

**OIL CONSERVATION COMMISSION  
AUG 16 1982**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on a 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.