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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-
Effective 1-1-85

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

Lease Name Omler A	Well No. 5E	Pool Name, Including Formation B1, Chacra	Kind of Lease State, Federal or Fee Federal SF	Lease No. 077085
Location Unit Letter E ; 1750 Feet From The North Line and 890 Feet From The West Line of Section 25 Township 28N Range 10W , NMPM, San Juan County				

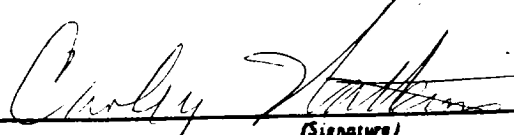
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Conoco		Box 460, Hobbs, New Mexico 88240		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas		Box 990, Farmington, New Mexico 87401		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 25	Twp. 28N	Rge. 10W
				Is gas actually connected? No
				When ASAP

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't
			X	X					
Date Spudded 1/17/81	Date Compl. Ready to Prod. 3/25/81	Total Depth 6465'		P.B.T.D. 6444'					
Elevations (DF, RKB, RT, GR, etc.) 5802' gr.	Name of Producing Formation Chacra	Top Oil/Gas Pay 2870'		Tubing Depth 2870'					
Perforations 2870-72', 2966-73', 2976-81'				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8" 36#		301'		200 sx				
8-3/4"	7" 23#		4699'		1st: 300sx, 2nd: 1030sx				
6-1/4"	4-1/2" 10.5#		6464'		272' sx				
		1-1/4"		2870'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must 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.

GAS WELL			
Actual Prod. Test-MCF/D 2473	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 950 PSI	Casing Pressure (Shut-in) 960 PSI	Choke Size 3/4"

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.	
 (Signature)	
Assistant Division Administrative Division (Title)	
March 26, 1981 (Date)	

OIL CONSERVATION COMMISSION MAY 18 1981	
APPROVED	
BY 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 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-pool completed wells.	