

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 06-01-83
FEB 03 1986
OIL CON. DIV.
DIST. 3

Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Daum LS	Well No. 6E	Pool Name, including Formation Otero Chacra	Kind of Lease State, Federal or Fee USA SF	Lease No. 078329
Location Unit Letter <u>B</u> : <u>700</u> Feet From The <u>North</u> Line and <u>1600</u> Feet From The <u>East</u>				
Line of Section <u>32</u> Township <u>28N</u> Range <u>9W</u> , NMPM, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation	P. O. Box 460, Hobbs, NM 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 Co.	P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>B</u> Sec. <u>32</u> Twp. <u>28N</u> Rge. <u>9W</u>	No ASAP

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ann Jolliver
(Signature)
Administrative Operations
(Title)
January 24, 1986
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 13 1986
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 Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)		Oil Well	Gas Well	X	New Well	X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
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Date Spudded	11-28-85	Date Compl. Ready to Prod.	1-15-86	Total Depth	7010' KB	P.B.T.D.	6988' KB
Elevations (D.F., P.K.B., RT., G.R., etc.)	6315' GL	Name of Producing Formation	Chacra	Top Oil/Gas Pay	3402' KB	Tubing Depth	3542' KB
Perforations	2 JSPF 15', 30 holes 3402-06, 3523-28', 3532-37' KB	TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	

12-1/4"	9-5/8" csg	312' KB	220 SX, 259 CF
8-3/4"	7" csg	3750' KB	605 SX, 1014 CF
6-1/4"	4-1/2" csg-1 1/2" inner	3589' -7002' KB	415 SX, 698 CF
--	1-1/4" tbg	3542' KB	--

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	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D	2177	Length of Test	3 hrs	Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)	920	Casing Pressure (Shut-in)	920	Choke Size	3/4"
Back Pressure							