----DISTRIBUTION SANTA FE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-11

	FILE							1	AND			Effective 1-1-6	55	
	U.S.G.S.				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
	LAND OFFICE			RECEIVEM										
	TRANSPORTER OIL													
		GAS		\square										
	OPERATOR		-									Alic +	ו <i>עו</i> ו	
I.	PRORATION OF Operator								104 13 1984	<u> </u>				
	Tenneco Oil Company										OIL	CON. DIV		
	Address									Dion DIV				
	P. O. Box	, 2240		o a l c	awood	CU 8	0155					DIST. 3		
	Reason(s) for filing	(Check)	<u>g ∟!</u> proper	box	-woou,	<u> </u>	0133			Other (Pleas	e explain)			
	New Well	ÎXI Î		•	Chanc	e in Tra	nsporte	r of:			. ,			
	Recompletion	Oil Dry Go				ıs 🗍			•					
	Change in Ownersh	Casinghead Gas Conde				asate 🗍								
	<u> </u>									<u> </u>				
	If change of owner			ne										
	and address of pre	ATORE OF	vner_				·							
Ħ.	DESCRIPTION O	OF WEL	L A	ND L	EASE									
	Lease Name			Well	Well No. Pool Name, Including Fo					Kind of Leas	• USA	Lease No.		
	Vandewart 0			3	3 Basin Dakota					State, Feder	of or F●● SF 078502			
	Location													
	Unit Letter	J	;	145	0 Feet	From Th	. So	outh Lir	e and	1590	Feet From	The East		
										-		•		
	Line of Section	13		Town	nship	29N		Range	8W	, NMPN	۸,	San Juan	County	
m.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
	Name of Authorized Transporter of Oil or Condensate								Address (Give address to which approved copy of this form is to be sent)					
	Giant Refir				<u>-</u> -	<u> </u>		7727 N. 16th St., Phoenix, AZ 85020 Address (Give address to which approved copy of this form is to be sent)						
	Name of Authorized	Transpo	rter of	Casi	inghead Ga	s 🗀	or Dry	Gas 🛣	!	•	• •		to be sent)	
	El Paso Nat	tural	Gas				1					iton, NM 87401		
	If well produces oil		is,	:	Unit Sec. Twp. Pge.						ied? ¦Wi	When ACAD		
	give location of tan			J 13 29N 8W				No :			-ASAP			
	If this production i	is commi	ingled	l with	that from	n any oti	her Jea	se or pool,	give com	mingling orde	r number:			
IV.	COMPLETION D	DATA				1 O11 We	•11 ·	Gas Well	TNew Well	Workover	Deepen	Plug Back Same Res	iv. Diff. Resiv.	
	Designate Ty	pe of C	ompl	etion	$\mathbf{x} = (\mathbf{x})$				V		, Boopen	1		
	Date Spudded	<u> </u>	<u> </u>		Date Comp	nl. Beady	/ to Pro	X d.	Total De	enth	-i	P.B.T.D.	- i	
	6/18/84					/84			1	3050' KB		7996' KB		
	b/18/84 Elevations (DF, RKB, RT, GR, etc.) N				Name of P	roducing	Format	ion	Top Oil/Gas Pay		Tubing Depth			
	6841' KB G-L					ota			7800' KB		7915' KB			
	Perforations	Dak	.o ca			7 7000 NB		Depth Casing Shoe						
	7800-22' KB, 7894-96', 7921-26', 7945-51', 2								JSPF 35' 70 holes			8008' KB		
	TUBING, CASING, AND													
	HOLE SIZE				CASING & TUBING SIZE					DEPTH S		SACKS CEMENT		
	12-1/4"				9-5/8" csg				300' KB			225 sx, 265CF		
	8-3/4"				 7"	csq	00.5			4150' KB		583 sx, 971CF		
	6-1/4"				4-	1/2"	line	r	3993-8047' KB			432 sx, 728 sx		
				_		3/8"		·		7915' KB				
v	TEST DATA AN	D REO	UEST	r FO		ALLOWABLE (Test must be a)					ume of load oil	and must be equal to or	exceed top allow	
٧.	OIL WELL able for this dept									or full 24 hour	e)			
	Date First New Oil	Tanks		Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
									Charles Street					
	Length of Test				Tubing Pr	●88/# ●			Casing Pressure			Choke Size		
	Actual Prod. During Test				Oil-Bbls.				Water - Bbls.			Gas - MCF		
	GAS WELL							· · · · · · ·						
	Ì					Length of Test 3 hrs Tubing Pressure (Shut-is)				Bbls. Condensate/MMCF		Gravity of Condensate		
	1434 Testing Method (pitot, back pr.)					3 hrs	<u> </u>				4-3	Chaha Sira		
	B		pr.)	- 1	Tubing Pro	•*•m• (1	Shut-L	- }	Casing Pressure (Shut-in)			Choke Size		
i	Back pressure 2,375								 	2 <u>400</u>		1 3/4"		
VI.	CERTIFICATE OF COMPLIANCE								G 11	OIL	CONSERV	ATION COMMISSIO	N	
										-84		AUG J	.6 198 4	
	I hereby certify th	at the ru	iles s	nd re	gulations	of the	Oil Co	nservation	Casing Pressure (Shut-is) 2,400 OIL CONSERVATION COMMISSION 8-14-84 APPROVED AUG 1,6 1984					
	Commission have above is true and	been co comple	omplie te to	the	ith and the	nat the : ny know	intorma ledge t	and belief.	BYSUPERVISOR DISTRICT # 3					
						-	_		TITLE Original Signed by FRANK T. CHAVE					
	٨	٨												
	()	0.11	- 1/	•					This form is to be filed in compliance with RULE 1104.					
	Swot	- 11/2	Ku	w	7				If this is a request for allowable for a newly drilled or deepened					
			(:	Signal	we)				well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	Sr. Regulat	tory A	lna1	ys t					All sections of this form must be filled out completely for allow-					
	, ,	· · · · ·		(Titl	e)				able on new and recompleted wells.					
	8/11/	<i>4</i>							Fill out only Sections I, II, III, and VI for changes of owner,					

(Date)

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