

**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-11  
Effective 1-1-85

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:  
Recompletion       Oil       Dry Gas   
Change in Ownership       Casinghead Gas       Condensate

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Vandewart	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease USA State, Federal or Fee SF	Lease No. 078502
Location Unit Letter <u>P</u> ; <u>670</u> Feet From The <u>south</u> Line and <u>1160</u> Feet From The <u>east</u> Line of Section <u>11</u> Township <u>29N</u> Range <u>8W</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"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87402			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 11	Twp. 29N	Rge. 8W
	Is gas actually connected? No		When ASAP	

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 10/27/84	Date Compl. Ready to Prod. 12/20/84	Total Depth 7640' KB		P.B.T.D. 7632' KB				
Elevations (DF, RKB, RT, GR, etc.) 6406' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7403' KB		Tubing Depth 7509KB				
Perforations 2JSPF 56', 112 holes, 7403-22', 7496-7502', 7524-30', 7552-64', 7578-82', 7611-20'				Depth Casing Shoe 7509' KB				
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8" csg		335' KB		220sx 26BCF			
8-3/4"	7" csg		3740' KB		800sx 1356CF			
6-1/4"	4-1/2" liner csg		3558-7637' KB		410sx 688CF			
--	2-3/8" tbg		7509KB		--			

**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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

**RECEIVED**  
JAN 11 1985

**OIL CON. DIV.**

Actual Prod. Test-MCF/D 1807	Length of Test 3 hrs.	Bbls. Condensate/MCF DIST. 3	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 2280	Casing Pressure (Shut-in) 2300	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.

Scott McKinnis  
(Signature)  
Sr. Regulatory Analyst  
(Title)  
01/02/85  
(Date)

**OIL CONSERVATION COMMISSION**  
1-31-85  
APPROVED JAN 31 1985, 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 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 multiply completed wells.