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U.S.G.S.	
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 Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Fee	Lease No.
<u>Payne A</u>	<u>1E</u>	<u>Mesaverde Pt. Lookout</u>	<u>State, Federal or Fee</u>		
Location					
Unit Letter <u>N</u>	<u>530</u>	Feet From The <u>South</u> Line and <u>2080</u>	Feet From The <u>West</u>		
Line of Section <u>19</u>	Township <u>29N</u>	Range <u>11W</u>	<u>NMPM</u>	<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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Giant Refining</u>	<u>Box 256, Farmington, New Mexico 87401</u>					
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)					
<u>El Paso Natural Gas</u>	<u>Box 990, Farmington, New Mexico 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>N</u>	<u>19</u>	<u>29N</u>	<u>11W</u>	<u>No</u>	<u>ASAP</u>
If this production is commingled with that from any other lease or pool, give commingling order number:					<u>R-6313</u>	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>10/22/80</u>	<u>11/3/80</u>		<u>6360'</u>		<u>6309'</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>5476'</u>	<u>Mesaverde</u>		<u>3370'</u>		<u>3976'</u>			
Perforations <u>4268-70'--3370-92', 3968-76', 3990-93', 4009-13', 4044-56',</u>					Depth Casing Shoe			
<u>4076-80', 4086-88', 4098-4100', 4116-17', 4133-37', 4186-88', 4248-52'</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>36#</u>	<u>283 KB</u>		<u>375 sx</u>			
<u>8-3/4"</u>	<u>7"</u>	<u>23#</u>	<u>4660'</u>		<u>1st:300sx 2rd: 580 sx</u>			
<u>6-1/4"</u>	<u>4-1/2"</u>	<u>10.5#</u>	<u>6360'</u>		<u>225 sx</u>			
	<u>2-3/8"</u>		<u>3976'</u>					

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 slice
able 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-MCF/D

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>0= 1894</u>	<u>3 hrs.</u>		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Back Pressure</u>	<u>1075 PSI</u>	<u>1100 PSI</u>	<u>3/4"</u>

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.

Assistant Division Administrative Manager

February 10, 1981

OIL CONSERVATION COMMISSION

APPROVED MAY 21 1981, 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 deviate
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of conditio

Separate Forms C-104 must be filed for each pool in multip