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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-110*
Effective 1-1-65

**I.**

**Operator**
Tenneco Oil Company

**Address**
P. O. Box 3249, Englewood, CO  80155

**Reason(s) for filing (Check proper box)**

| | | Change in Transporter of: | | | |
|---|---|---|---|---|---|
| New Well | X | Oil | ☐ | Dry Gas | ☐ |
| Recompletion | ☐ | Casinghead Gas | ☐ | Condensate | ☐ |
| Change in Ownership | ☐ | | | | |

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 | Lease No. |
|---|---|---|---|---|
| Jackson | 1E | Basin Dakota | State, Federal or Fee Federal SF | 079947 |

**Location**

Unit Letter G ; 1650 Feet From The North Line and 1630 Feet From The East

Line of Section 34 Township 29N Range 9W , NMPM, San Juan County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Conoco

Address *(Give address to which approved copy of this form is to be sent)*
Box 460, Hobbs, New Mexico  88240

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

El Paso Natural Gas

Address *(Give address to which approved copy of this form is to be sent)*
Box 990, Farmington, New Mexico  87401

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | G | 34 | 29N | 9W | No | 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 | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 4/20/81 | 6/8/81 | 6661' | 6649' |

| Elevations *(DF, RKB, RT, GR, etc.)* | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 5716' gr. | Dakota | 6442' | 6453' |
| | | | Depth Casing Shoe |

**Perforations**
6442-46', 6507-12', 6580-92', 6599-6603', 6623-42'

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | SACKS CEMENT |
|---|---|---|---|---|
| 12-1/4" | 9-5/8" | 36# | 241 | 250 sx |
| 8-3/4" | 7" | 23# | 3499' | 700 sx |
| 6-1/4" | 4-1/2" | 10.5# | 6660' | 430 sx |
| | 2-3/" | | 6453' | |

## V. TEST DATA AND REQUEST FOR ALLOWABLE

*(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)*
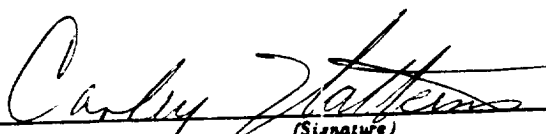
**OIL WELL**

| 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 |

**GAS WELL**

| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
|---|---|---|---|
| 3408 | 3 hrs. | | |
| Testing Method *(pitot, back pr.)* | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| Back Pressure | 1700 PSI | 875 PSI | 3/4" |

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DIST. 3

## 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 Manager
*(Title)*

June 9, 1981
*(Date)*

**OIL CONSERVATION COMMISSION**

APPROVED  AUG 12 1981 , 19___

Original Signed by FRANK T. CHAVEZ
BY _____

TITLE _____  SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for all___ ___ ___ 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.