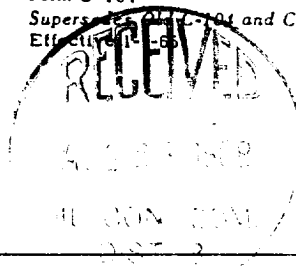


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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Superseded by C-104 and C-110  
Effective 1-1-66



Operator Tenneco Oil Company	
Address 1200 Lincoln Tower Bldg. Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Mansfield	Well No. SF 078116	2	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Fed.	Lease No.
Location						
Unit Letter <u>H</u> ; <u>1650</u> Feet From The <u>north</u> Line and <u>990</u> Feet From The <u>East</u>						
Line of Section <u>19</u> Township <u>30N</u> Range <u>9W</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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Caribou Four Corners Oil Company	P. O. Box 175, Kirtland, New Mexico 87117					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 490, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 19	Twp. 30N	Rge. 9W	Is gas actually connected? No	When

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 6-22-66	Date Compl. Ready to Prod. 7-19-66	Total Depth 2990'	P.B.T.D. 2945'					
Elevations (DF, RKB, RT, GR, etc.) 6175 GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2866	Tubing Depth None					
Perforations 2866-74, 2914-18-2 HPF	Depth Casing Shoe 2986'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	126	100 sx					
7 7/8"	3 1/2"	2986	275 sx					

## 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-MCF

### GAS WELL

Actual Prod. Test-MCF/D 1473 MCF/D	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pitot, back pr.) Back pr.	Tubing Pressure (Shut-in) --	Casing Pressure (Shut-in) 108	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.

Don H. Cook  
(Signature)

Don H. Cook, Production Clerk  
(Title)

August 21, 1968  
(Date)

OIL CONSERVATION COMMISSION  
AUG 23 1968

APPROVED \_\_\_\_\_  
BY Original Signed by Emery C. Arnold<sup>9</sup>

TITLE \_\_\_\_\_ SUPERVISOR DIST. #9

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.