

DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		1	
PRORATION OFFICE			

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

Form C-104  
Supersedes Old C-101 and C-111  
Effective 1-1-65

Operator Tenneco Oil Company	
Address Suite 1200 Lincoln Tower Bldg. - Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Per N.M.O.C.C. Letter of 3/24/72
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 checked="" type="checkbox"/> From EXXX Caribou

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

1. DESCRIPTION OF WELL AND LEASE A 080243

Lease Name <u>RIDDLE "A"</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Blanco PC</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No.
Location Unit Letter <u>A</u> : <u>915</u> Feet From The <u>North</u> Line and <u>1155</u> Feet From The <u>East</u>				
Line of Section <u>18</u> Township <u>30</u> Range <u>9</u> , NMPM, <u>San Juan</u> County				

2. 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>Inland Corp.</u>	<u>P. O. Box 1528 - Farmington, New Mexico 87401</u>		
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)		
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>18</u> Twp. <u>30</u> Rge. <u>9</u>	Is gas actually connected? <input type="checkbox"/>	When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

4. 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

MAY 15 1972  
OIL CON. COM.  
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

G. A. Zuck  
(Signature)  
Sr. Production Clerk  
(Title)  
5/9/72  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 15 1972, 19\_\_\_\_

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST #3

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.