

DISTRIBUTION		
SANTA FE	1	
FILE	1	
J.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL 1	
	GAS 1	
OPERATOR		2
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-11  
Effective 1-1-65

30-045-24047

**I. Operator**  
Tenneco Oil Company  
Address  
720 S. Colo. Blvd., Denver, CO 80222

Reason(s) for filing (Check proper box)  
 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 Thurston Com A	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>A</u> ; <u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>31N</u> Range <u>11W</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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, N.M. 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EPNG	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, N.M. 87401				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 31	Twp. 31N	Rge. 11W	Is gas actually connected? When. 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 3/24/80	Date Compl. Ready to Prod. 4/18/80	Total Depth 6985	P.B.T.D. 6965					
Elevations (DF, RKB, RT, GR, etc.) 5810' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6736	Tubing Depth 6730					
Perforations 6736-6942						Depth Casing Shoe		

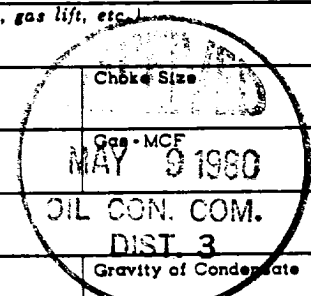
**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	207'	225
8 3/4"	7"	3100'	750
6 1/4"	4 1/2" (liner)	6976'	500
	2 3/8" (tbg)	6730'	

**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 WELL**

Actual Prod. Test-MCF/D AOF-3332	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 2075	Casing Pressure (shut-in) 2075	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.

Carly North  
(Signature)  
Admin. Supervisor  
(Title)  
5/7/80  
(Date)

**OIL CONSERVATION COMMISSION**  
APPROVED MAY 9 1980, 19\_\_\_\_  
BY Original Signed by FRANK R. CHAVEZ  
TITLE SUPERVISOR, DISTRICT # 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.  
Separate Forms C-104 must be filed for each pool in multiple