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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 P.O. Box 3249, Englewood, CO 80155 | |
| 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 Case A | Well No. 2E | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal SF | Lease No. 078095 |
| Location Unit Letter <u>K</u> ; <u>1810</u> Feet From The <u>South</u> Line and <u>1670'</u> Feet From The <u>West</u> | | | | |
| Line of Section <u>17</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"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| Conoco | Box 460, Hobbs, New Mexico 88240 | | |
| 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) | | |
| El Paso Natural Gas | Box 990, Farmington, New Mexico 87401 | | |
| If well produces oil or liquids, give location of tanks. | Unit <u>K</u> Sec. <u>17</u> Twp. <u>31N</u> Rge. <u>11W</u> | Is gas actually connected? No | When 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' |
| | | X | X | | | | | |
| Date Spudded 1/2/81 | Date Compl. Ready to Prod. 1/24/81 | Total Depth 7390' | | P.S.T.D. 7380' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6171' gr. | Name of Producing Formation Dakota | Top Oil/Gas Pay 7201' | | Tubing Depth 7191' | | | | |
| Perforations 7201-05', 7231-37', 7284-7300', 7313-24', 7364-68' | | | | Depth Casing Shoe | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 9-5/8" 36# | | 290' | | 250 sx | | | |
| 8-3/4" | 7" 23# | | 3500' | | 570 sx | | | |
| 6-1/4" | 4-1/2" 10.5#, 11.6# | | 7390' | | 650 sx | | | |
| | 2-3/8" | | 7191' | | | | | |

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 |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. |

GAS WELL

| | | | |
|--|---------------------------------------|---------------------------------------|-----------------------|
| Actual Prod. Test-MCF/D 4553 | Length of Test 3 hrs. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (puot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 1850 PSI | Casing Pressure (Shut-in) 1950 PSI | 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.

Carolyn Butters
(Signature)
Assistant/Division Administrative Manager

February 23, 1981

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 5 1981, 19____
Original Signed by FRANK T. GRAVEZ
BY _____

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 deepen 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.