1		114.0	<u> </u>			
•	DISTRIBUTION					
1.	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS				
	OPERATOR					
	PRORATION OFFICE					
	Operator					
	Tenneco Oil Com					
	Address					
	Вох	3249.	En	g l e		
	Box 3249, Engles Reason(s) for filing (Check proper box)					
	New Well					
	Recompletion					
	Change in Ownership					
	If change of ownership give name and address of previous owner					
	and addition of bicatons canter					
11.	DESCRIPTION OF WELL AND I					
	Lesse Name					
	1					

NEW MEXICO DIL CONSERVATION COMMISSION

	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-		
	FILE		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS		
	LAND OFFICE					
	TRANSPORTER OIL					
	GAS					
	OPERATOR					
1.	PRORATION OFFICE	<u> </u>				
	Tenneco Oil Comp	pany				
		00 90155				
	Box 3249, Engles Reason(s) for filing (Check proper box)	NOOG. LU 00155	Other (Please explain)			
	New Well	Change in Transporter of:		•		
	Recompletion	Oil Dry Gos				
	Change in Ownership	Casinghead Gas Condens		-		
į						
	If change of ownership give name					
	and address of previous owner					
**	DESCRIPTION OF WELL AND I	FASE				
	Lesse Name	Well No. Pool Name, Including For	rmation Kind of Lea	Lease No		
	Case A	4E Basin Dakota	State, Feder	reler F••Federal SF 078095		
	Location					
	тын танат В . 98	5 Feet From The North Line	end 1530 Feet From	The East		
	Unit Letter B: 50					
	Line of Section 18 Tow	mship 31N Range	11W , ммрм, San J	Juan County		
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S			
i	Name of Authorized Transporter of Oil	or Condensate X	Andress (Give address to which appr			
	l Conoco		Box 460, Hobbs, New Me	exico 88240		
	Name of Authorized Transporter of Cas	inghead Gas er Dry Gas X				
	El Paso Natural Gas		Box 990, Farmington, New Mexico 87401			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	/hen		
	give location of tanks.	B 18 31N 11W	No	ASAP		
	If this meduction is commingled wit	h that from any other lease or pool, g	give commingling order number:	· •		
	COMPLETION DATA					
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'		
	Designate Type of Completio		×			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	01/29/81	03/31/81	7465'	7446'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
	6234' gr.	Dakota	7252'	7274'		
	Perforetions 7252-561, 7267	7-70', 7279-82', 7336-40'	, 7348-55',	Depth Casing Shoe		
	<u>7364-70', 7388</u>	3-91', 7395-7400', 7426-30	0'			
		TUBING, CASING, AND				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/4"	9-5/8" 36#	4975	225sx 1st: 280sx; 2nd: 520sx		
	8-3/4"	7" 23#	7465'	1280sx		
!	6-1/4"	4-1/2" 10.5# 11.6#	7274'	ZOUSX		
		2-3/8"				
V.		OR ALLOWABLE (Test must be after able for this de	ter recovery of total volume of load of pth or be for full 24 hours;	il and must be sent to exceed top alic		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etch RI FEIA		
	Date First New Oil Fig. 10 1012			- LULISTAN		
	Length of Test	Tubing Pressure	Casing Pressure	Choi-App		
	Tourist 1991			0" 8 100c		
	Actual Prod. During Test	Oil-Bhie.	Water - Bbls.	DIST COM		
]		DIST COM		
		1		7.3		
	GAS WELL		<u> </u>			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	2947	3 hrs.				
	Testing Method (putot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shat-in)	Choic Size		
	Back Pressure	1875 psi	1900 psi	3/4"		
3'1	. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMIS			ATION COMMISSION		
•••	ADD 8 1981					
	hereby certify that the rules and regulations of the Oil Conservation					
	C base been complied w	ommission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.		Original Signed by FRANK T. CHAVET		
	above is true and complete to the	Best of my knowledge and belief.				
	, , ,	1	TITLE SUPERVISOR DISTRICT # 3			
	~ 100		This form is to be filed in compliance with RULE 1104.			
	HAlinan W HUGT	B	to this to a sequent for ellowable for a newly drilled or deepen			
	The Sign	sture)	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 alloable on new and recompleted wells. Fitt out only Sections I II III and VI for changes of own:			
	Administrative Supervis					
	Administrative Supervis	sor				
	•	-				
	April 1, 1981 (Pare)		well name or number, or transporter, or biner abon change of continu			
		· •	Separate Forms C-104 mi	ust be filed for each pool in multip		
		•	name at a resident to			