

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a well to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1750' FNL 1070' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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RECEIVED

JAN 17 1982

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE

SF-078097

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Heaton Com B

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 33, T31N R11W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

5860' gr.

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Report to clarify circulation of cement -

12/6/81 - Run 115 jts 7" 23# K-55 ST&C. Shoe @ 4583', FC 4540'. Stage tool @ 2567'. Cmt 1st stage w/107 sx Cl-B w/2% D-79 and 150 sx Cl-B neat. Preceded w/20 bbls CW. Good circ thruout job. Circ 4 hrs between stages. Cmt 2nd stage w/286 sx Cl-B w/ 2% D-79 and 1/4# sx celoflake, preceded w/20 bbls CW-100. Good circ thruout job. Lost rtms w/4 bbls to displace. Set slips, cut off, ran temp survey, TOC 450.
12/8/81 - Run 5 jts 4-1/2" csg 11.6# K-55, 55 jts 10.5# K-55. Set @ 7050'. Cmt w/135 sx Cl-B and additives. Tail w/150 sx Cl-B preceded w/20 bbls CW-100. Reverse out cmt. to liner top. LDDP and NDBOP. Rig release 12/9/81.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Sandra Peron TITLE Production Analyst DATE 1/14/82
Sandra Peron

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

JAN 20 1982

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT

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-110
Effective 1-1-65

NO. OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Tenneco Oil Company
Address
P. O. Box 3249, Englewood, CO 80155
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Heaton Com B	Well No. 3	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee SF-078097	Lease No.
Location Unit Letter <u>E</u> ; <u>1750</u> Feet From The <u>North</u> Line and <u>1070</u> Feet From The <u>West</u> Line of Section <u>33</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"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 33
	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 11/29/81	Date Compl. Ready to Prod. 1/12/82		Total Depth 7050'		P.B.T.D. 6995'			
Elevations (DF, RKB, RT, GR, etc.) 5860'	Name of Producing Formation Dakota		Top Oil/Gas Pay 6805'		Tubing Depth 6884'			
Perforations 6805-10', 6890-6916' Dakota				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"	266'		263				
8-3/4"	7"	4583'		533				
6-1/4"	4-1/2"	7050'		285				
		2-3/8" @ 6884'						

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 2462	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-In) 1900 psi	Casing Pressure (Shut-In) 1900 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.

Saundra F. Peron
(Signature)
Production Analyst
(Title)
January 18, 1982
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY Original Signed by FRANK T. HAVES
TITLE SUPERVISOR DISTRICT # 7

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.