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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-101
Supersedes Old C-101 and C-110
Effective 1-1-55

Operator <u>Tenneco Oil Company</u>	
Address <u>Box 1031 Whetland, Texas 79701</u>	
Reason(s) for filing (Check proper box)	
New Well <input 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"/>
Other (Please explain) <u>Red-entry</u>	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE	
Lease Name <u>Daniel P. Church</u>	Well No. <u>1</u>
Pool Name, Including Formation <u>Whetland</u>	Kind of Lease <u>Leasehold</u>
Location	Lease No. <u>NM 0558135</u>
Unit Letter <u>M</u>	Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line
Line of Section <u>7</u>	Township <u>9-S</u> Range <u>36-E</u> NMPM, <u>Seal</u> County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Tenneco Oil Company</u>	<u>P.O. Box 900 Dallas Texas 75221</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>M</u> Sec. <u>7</u> Twp. <u>9-S</u> Rge. <u>36-E</u>
	Is gas actually connected? <u>no</u> When <u>Never</u>

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

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>Unknown</u>	Date Compl. Ready to Prod. <u>4-21-51</u>
Elevations (DF, RKB, RT, GR, etc.) <u>4107 GR</u>	Name of Producing Formation <u>Whetland C</u>
Perforations <u>Open hole 9629-9664</u>	Total Depth <u>9664</u>
	Top Oil/Gas Pay <u>9629</u>
	Tubing Depth <u>9598</u>
	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
<u>17 1/2"</u>	<u>13 3/8"</u>
<u>12 1/4"</u>	<u>8 1/2"</u>
<u>7 1/2"</u>	<u>5 1/2"</u>
DEPTH SET	SACKS CEMENT
<u>407'</u>	<u>387 SACKS</u>
<u>4383'</u>	<u>3110 SACKS</u>
<u>9629'</u>	<u>1500 SACKS</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL	
Date First New Oil Run To Tanks <u>8-11-69</u>	Date of Test <u>8-11-69</u>
Length of Test <u>24 hrs</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>
Actual Prod. During Test <u>1190</u>	Casing Pressure <u>1030</u>
	Choke Size <u>200</u>
	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, 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.

J. F. Corcoran
(Signature)
District Production Engineer
(Title)
8-11-69

OIL CONSERVATION COMMISSION
APPROVED AUG 23 1969, 19
BY [Signature]
TITLE SECRETARY

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, lease, or number of transporter or other such change of condition.