6(1	TRIBUTION	
VPTA FE		
FILE		
11.8 G.S		
LAND OFFICE		
TRANSPORTER	011	
TRANSPORTER	643	
PROBATION OFFIC		
OPFRATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gai must be reported on 15.025 psia at 60° Fahrenheit.

					Midland (Place)	,Texas		(Date)
		CDV DE	OUESTI	NG AN ALLOWABLE FO	(OWN AS:		
Ter	nneco	Oil Com	pany	State "F"	, Well No			
	<u>5</u>	, Sec	6.	., T 11-5, R 34-1	E, NMPM.,	Undesig	nated	Pool
Uni	n Lotter	Lea		C . Data Sauddad	10-4-64	Date Drilling G	mpleted .	11-7-64
		ndicate lo		Elevation 4190 G				
D	C	B		Top Oil/Gas Pay972	HName o	f Prod. Form	Bough C	
				PRODUCING INTERVAL -				
E	F	G	H	Perforations9726- Open Hole		Shoe <u>9815</u>	Depth Tubing	9732
				OIL WELL TEST -				Choke
L	K	J	I	Natural Prod. Test:	bbls.oil,	bbls water in	hrs,	min. Size
- <u>M</u> -	X		P	Test After Acid or Fract load oil used): <u>206</u>	ure Treatment (after bbls.oil. 150	bbls water in <u>21</u>	e of oil equa	al to volume of Choke min. Size <u>32/64</u>
				GAS WELL TEST -		-		
21		<u> </u>	30 FWL		MCF/Da	ay; Hours flowed	Choke	Size
	/ For	TACES	ting Reco		, back pressure, etc	.):		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Feet	Sax	Test After Acid or Fract	ure Treatment:	мсі	/Day; Hours	flowed
			- (-	Choke SizeMeth				
		414	<u>365</u>	Acid or Fracture Treatme sand): 175 BO & 1500	nt (Give amounts of) <u>pals acid</u>	materials used, su	ich as acid, w	water, oil, and
	5/8							
-5	1/2	9815	215	Oil Transporter Serv	rice Pipe Line	<u>Co</u>		
2	7/8	9732		No				
Remai	rks :	••••••	••••••••••	Gas Transporter	/			
	· · • • • • • • • • • • • • • •		•••••			•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
·•··••			••••••		ne and complete to	the best of my kn	owledge.	
I	hereby	certify th	a. the inf	ormation given above is to	Tenneg	o Oil Company		·····
Appro	ved	••••••	••••••	, 19		(Company or		
	OIL	CONSEI	RVATIO	N COMMISSION	By:	(Signat	ure) R.O.	Bowery
By:					TitleDis Seno	trict_Office. d Communication	s regarding v	
Title					Name	Tenneco Q	il Compan	<u>y</u>
					Address	Box 1031,	Midland,	Texas