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DISTRIBUTION	NEW MEXIC	O OIL CONSERVATION COMMISSIO	Form C-104
SANTA FE FILE	RE	QUEST FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
U.S.G.S.		AND	• • • •
LAND OFFICE	AUTHORIZATION	TO TRANSPORT OIL AND NATU	JRAL GAS
TRANSPORTER OIL			
OPERATOR GAS			
PRORATION OFFICE			
Operator			
Tenneco Oil Company			
Box 1031 Reason(s) for filing (Check proper b.	lland, Zul	Other (Please expl	nio)
New Well	Change in Transporter of	· · · · · · · · · · · · · · · · · · ·	****
Recompletion	Oil	Dry Gas	
Change in Ownership	Casinghead Gas	Condensate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND		Bugh Se.	John Auguste
Lovejoy "Com"	Lease No. Well No.	Pool Name, Including Formation Sough - San Andres Ga	Kind of Lease  State, Federal or Fee
Location	-0-		
•	980 Feet From The <b>Sou</b>	Line and 330 Fee	et From The Ellet
Line of Section 14 T	ownship <b>9-8</b> Ro	ange <b>35-E</b> , NMPM,	County
DESIGNATION OF TRANSPO			
Name of Authorized Transporter of C	or Condensate	Address (Give address to which	ch approved copy of this form is to be sent)
Name of Authorized Transporter of C	asinghead Gas 🔲 💮 or Dry Gas	Address (Give address to whi	ch approved copy of this form is to be sent)
Sinclair Oil & Gas	Company	Box 1470, Midlan	d, Texas
If well produces oil or liquids,	Unit Sec. Twp.	Rge. Is gas actually connected?	When
give location of tanks.	None	Yes	May 11, 1966
If this production is commingled w COMPLETION DATA		or pool, give commingling order numb	
Designate Type of Complet	ion = (X) Oil Well Ga	x Well New Well Workover De	epen Plug Back (Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12/6/65	2/10/66	12,137	4890
Elevations (DF, RKB, RT, GR, etc.)			Tubing Depth
Perforations One - 3/8" ha	San Andres	14770	4741  Depth Casing Shoe
4781, 4	1 <b>e @ 4030, 40</b> 33, 402 7 <b>7</b> 4, 4770	9, 4820, 4815, 4798, 479	0, leptin Casing Snoe
		NG, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SI	ZE DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	405	375 ex
12-1/4	8-5/8	4105	545 ex
7-7/8	4-1/2 2-3/8	4929 4741	180 ax
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test m	nust be after recovery of total volume of	load oil and must be equal to or exceed top allow
OIL WELL  Date First New Oil Run To Tanks	Date of Test	pr this depth or be for full 24 hours)  Producing Method (Flow, pump	o, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
GAS WELL Tested 6/7/6	66, through meter ru	n	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	24 hrs.	None	**
	Tubing Pressure	Casing Pressure	Choke Size
Meter rin		200	Open 2"
CERTIFICATE OF COMPLIAN	ICE	OIL CONS	ERVATION COMMISSION
hereby certify that the rules and	regulations of the Oil Conser	rvation APPROVED	······································
Commission have been complied	with and that the information	given	

TITLE .

7I. (

II.

H.

V.

J. Cano	J.	F.	Carnes
(Signature)			
District Production Engineer			
(Title)			
July 12, 1966			

(Date)

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.