

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION
COUNTY
FILE
O.S.G.S.
LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION OFFICE

NAME
Tenneco Oil Company

ADDRESS
P.O. Box 1031, Midland, Texas

Reasons for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Re-completion Oil
 Change in Ownership Casinghead Gas Dry Gas
Condensate Effective 10-1-65

If change of ownership give name and address of previous owner Leonard Oil Company, 10th Floor Security Life Bldg., Roswell, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>V. H. Justis</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Jelmat, Y. SR. Trans</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Location Unit Letter <u>D</u> , <u>370</u> Feet From The <u>North</u> Line and <u>420</u> Feet From The <u>West</u>	Line of Section <u>20</u> , Township <u>25-S</u> Range <u>37-E</u> <u>103-14</u> <u>Lea</u> County		

III. 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>Shell Pipe Line Company</u>	<u>Box 1910 Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>Box 1384 Jel, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
<u>D 20 25S 37E</u>	<u>Yes unknown</u>

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

IV. 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. Diff. Res'v. <input type="checkbox"/>
Date Spurred	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations	Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH - SET	SACKS CEMENT

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	Production Method (pilot, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Cable Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Oil - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate - MCF	Gravity of Condensate
Testing Method (pilot, back pt.)	Tubing Pressure	Casing Pressure	Cable Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

APPROVED _____, 1965

BY: _____

TITLE _____

R. L. Loggett
(Signature)

District Office Supervisor

October 1, 1965
(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 Sections I, II, III, and VI only 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 multiple completions.