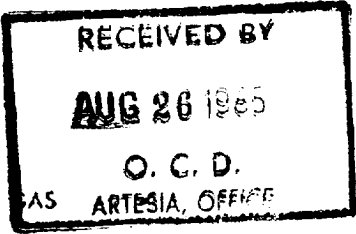


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SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



Tenneco Oil Company

Address  
7990 IH 10 West, San Antonio, Tx 78230

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

DESCRIPTION OF WELL AND LEASE

Lease Name Plains SL 19	Well No. 1	Pool Name, Including Formation Wildcat-Devonian Perm	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B : 380 Feet From The north Line and 2200 Feet From The east Line of Section 19 Township 10S Range 28E , NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, Tx. 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southwest Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4000, The Woodlands, TX 77380					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 19	Twp. 10S	Rge. 28E	Is gas actually connected? no yes	When 8/24/85

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

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 5/31/85	Date Compl. Ready to Prod. 7/3/85		Total Depth 7115'			P.B.T.D. 7070		
Elevations (DF, RAB, RT, GR, etc.) 3760.4 GR	Name of Producing Formation Atoka Perm		Top Oil/Gas Pay 6598'			Tubing Depth 6560'		
Perforations 6598'-6610'; 6620'-32'						Depth Casing Shoe 7115'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	348'	360 SXS
17 1/2"	8 5/8"	1965'	750 SXS
7 7/8"	5 1/2"	7115'	550 SXS
	2 3/8	6560	

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 867	Length of Test 24 hours	Bbls. Condensate/MMCF 4.6	Gravity of Condensate 65
Testing Method (prior, back pr.) back pr.	Tubing Pressure (shut-in) 1432 psia	Casing Pressure (Shut-in) 0	Choke Size 15/64

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Juan J. Peet  
Accounting Analyst  
8-24-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 23 1985, 19  
BY Original Signed By  
Les A. Clements  
TITLE Supervisor District II

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.