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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED  
OCT 11 1965  
O. C. C.  
ARTESIA, OFFICE

I. OPERATOR Tenneco Oil Company		
Address P.O. Box 1031, Midland, Texas		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change name of lease from Federal Hagerty NM 0610 Effective 10-1-65
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>		

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 Hagerty Federal	Well No. 7	Pool Name, including Formation Henshaw Grayburg West
		Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>J</u> ; <u>1650</u> Feet From The <u>south</u> Line and <u>1650</u> Feet From The <u>east</u>		
Line of Section <u>7</u> , Township <u>16S</u> Range <u>30E</u> , NMPM, <u>Eddy</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)	
Continental Pipe Line Company	220 Carper Building Artesia, New Mexico	
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)	
Skelly Oil Company	P.O. Box 1650 Tulsa, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 7
	Twp. 16S	Rge. 30E
	Is gas actually connected? yes	When 7-1960

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	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	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.



R. L. Leggett

District Office Supervisor

(Title)

October 1, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 11 1965, 19\_\_\_\_  
BY M. L. Armstrong  
TITLE Oil and Gas Supervisor

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 multiply completed wells.

