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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

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JUL 31 1969
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ARTESIA OFFICE

(51)

Operator <i>Tenneco Oil Company</i>	
Address <i>P.O. Box 1031, Midland Texas 79701</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<i>Effective 5-29-69 from Continentals</i> <i>Effective 7-1-69 Skelly</i>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

Lease Name <i>Premier S.W. Henshaw Unit</i>	Well No. <i>4</i>	Pool Name, including Formation <i>Henshaw Grayburg W.</i>	Kind of Lease State, Federal or Fee	Lease No. <i>NM 04422</i> <i>NM 0610</i>
Location Unit Letter <i>0</i> : <i>660</i> Feet From The <i>South</i> Line and <i>1980</i> Feet From The <i>East</i>				
Line of Section <i>7</i> Township <i>16-S</i> Range <i>30-E</i> , NMPM, <i>Eddy</i> County				

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)	
<i>Navajo Refg. Co. - Pipeline Div.</i>		<i>P.O. Box 67 Artesia New Mex 88210</i>	
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)	
<i>Continental Oil Company</i>		<i>P.O. Box 2197, Houston, Tex 77001</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>P</i> Sec. <i>7</i> Twp. <i>16-S</i> Rge. <i>30-E</i>	Is gas actually connected? <i>yes</i>	When <i>7-1960</i>

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	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				

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	

Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Thelma Payne
(Signature)
Clerk General
(Title)
7-30-69
(Date)

OIL CONSERVATION COMMISSION
AUG 1 1969

APPROVED _____, 19____
BY *W.A. Grosse*
TITLE _____

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.