	<u>/</u>					•		
NO. OF COPIES RECEIVED	6							
DISTRIBUTION		NEW	MEXICO OIL CON		MUSEO	F	orm C-101	-
SANTA FE		,	• -				evised 1-1-6	
FILE /						1		Type of Lease
U.S.G.S.				JUN 6	1966		STATE X	
LAND OFFICE /						- 5	-	& Gas Lease No.
OPERATOR /				O. C.	C.	k	B-1071	•
				ARTESIA,				
APPLICATIO	N FOR PE	OT TIMS	DRILL, DEEPEN, C	OR PLUG	BACK		IIIII	IIIIIIIIIIIIIII
1a. Type of Work R	e-entry (of P&A 1	well.			1	7. Unit Agre	ement Name
			DEEPEN		PLUG B			
b. Type of Well				• • • • • • • •		1	8. Form or L	
	отне	R		ZONE		ZONE	State	N
2. Name of Operator		1					9. Well No.	
Tenneco Oil	Company	<i>v</i>					2	
3. Address of Operator								d Pool, or Wildcat
P. O. Box 1031	Midl	and, Te					Graybur	g Jackson ERP .
4. Location of Well	P P	_ LOC	ATED 600	EET FROM THE	south	LINE		
			_					
AND 660 FEET FROM	THE C85		E OF SEC. 16 T	wp. 17-8	RGE. 29	E NMPM	//////	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
					///////	///////	12. County	
		//////		///////	111111	111111	Eddy	
						///////	///////	
		//////				IIIIII	//////	20. Rotary or C.T.
			((((((((((((((((((((((((((((((((((((9. Proposed I	Depth 19	9A. Formation		
				2900		San And		Rotary
21. Elevations (Show whether DF	, RT, etc.)			B. Drilling (Contractor			. Date Work will start
3550 GL Est.		In ef	fect	Leather	rood Drl	<u>g. Co.</u>	Wit	hin 10 days
23.		F	PROPOSED CASING AND	CEMENT PI	ROGRAM			
SIZE OF HOLE	SIZE OF	CASING	WEIGHT PER FOOT	SETTIN	G DEPTH	SACKS OF	CEMENT	EST. TOP
17" 13-3/8"		54.5 788			800 sx.			
9-7/8" 7"		32.0	2900			ient to return cement to		
	······							

Propose to:

Clean cut to 2900' w/rotary tools. Set & cement 7" casing @ 2900' Complete from Colitic some of San Andres formation.

> APPROVAL VALID FOR 90 DAYS UNLESS DRILLING COMMENCED,

1800'

7-4-26 EXPIRES

DATE JUN 6

1966

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUC-TIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY. above is true and complete to the best of my knowledge and belief.

I hereby certify that the information above is true and complete	te to the best of my monteage	
Signed Af Cornes J. F. Carnes	Tule District Production Engineer	Date June 3, 1966
(This space for State Use)		

SEL ARE OLS IESPECTOR

W. a. Gressett TITLE APPROVED BY

...

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CONDITIONS OF APPROVAL, IF ANY:

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ĺ	NO. OF COPIES RECEIVED						
L	DISTRIBUTION		NSERVATION COMMISSION	Form C-104			
ľ	SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110			
	FILE /		AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL				
	LAND OFFICE			V E D			
	IRANSPORTER OIL			11.10.			
	GAS			JUN 5 1966			
	OPERATOR	1					
1.	PRORATION OFFICE		A				
	Operator			LEAN, OFFICE			
	Tenneco Oil Company	ny /					
	Address						
		Midland, Texas					
	Reason(s) for filing (Check proper box)		Other (Please explain)	Notice 1 Con Co			
	New Well	Change in Transporter of:		aso Natural Gas Co.			
	Recompletion	Oil Dry Gas	No. 3 Leonard Sta				
	Change in Ownership 🗶	Casinghead Gas Condens	ate change name to Ter	aneco Oil Co. State N#5			
	L	conard Oil Co., Box 400,	Roswell, N.M., farmed of	ut this acreage to			
	If change of ownership give name and address of previous owner	Paso Natural Gas Co. lipo	on completion as dry hold	acreage reverted to			
		onard Oil Company.	•	•			
II.	DESCRIPTION OF WELL AND L	EASE					
	Lease Name	Lease No. Well No. Pool Nam	e, Including Formation	Kind of Lease			
	State "N"	B-10714 5 Graybi	irg Jackson 200. San And	State, Federal or Fee State			
	Location		-				
	Unit Letter P ; 660	Feet From The South Line	and <u>660</u> Feet From T	he			
	Line of Section 16 Tow	nship 17-south Range 20	east , NMPM, Ed.	County			
				~			
Ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	6				
	Name of Authorized Transporter of Oll	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Cas	inghead Gas 🔄 or Dry Gas 🦲	Address (Give address to which approv	ed copy of this form is to be sent)			
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n			
	If well produces oil or liquids, give location of tanks.	1 1 1	1				
			the second secon				
		h that from any other lease or pool, g	give comminging order numbers				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio			1			
	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			
	Elevations (DF, KKB, KI, GR, etc.)	Name of Froducing Pointation	100 011, 012 1 -1				
				Depth Casing Shoe			
	Perforations						
			CENENTING RECORD				
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT			
	HOLESIZE	CASING & TUBING SIZE	DEFTRISET				
	L		<u> </u>	<u> </u>			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil (pth or be for full 24 hours)	and must be equal to or exceed top allow-			
	OIL WELL		Producing Method (Flow, pump, gas lij	t. etc.)			
	Date First New Oil Run To Tanks	Date of Test	Flotucing Manda II fow, pamp, and the	,			
			Crates Prozente	Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure				
			Water - Bbls.	Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.	Tarat - Date.				
	l		l				
	GAS WELL		Phia Condenants (AMCE	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF				
				Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
vi	CERTIFICATE OF COMPLIAN	CE		TION COMMISSION			
• •			JUN 6	1966			
	Thereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19			
	Commission have been complied y	with and that the information given	1. 1 A ho	set			
	above is true and complete to the	e best of my knowledge and belief.	BY				
			TITLE CASE OAS //REPECTOR This form is to be filed in compliance with RULE 1104.				
	M		This form is to be filed in	compliance with RULE 1104.			
	(Atlames_	J. F. Carnes	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.				
	(Sign	ature)					
	District Product		All sections of this form must be filled out completely for allow- able on new and recompleted wells.				
	(T	itle)					
	June 3, 1966		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.				
	(D	ate)					
			completed wells.	• • • • •			
			··· -				

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