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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL /
GAS /

OPERATOR /

PRORATION OFFICE

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-1
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)

New Well
Recompletion
Change in Ownership X

Change in Transporter of:
Oil
Casinghead Gas
Dry Gas
Condensate

Other (Please explain)
Change name of lease from
State B-255
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	Well No.	Pool Name, Including Formation	Kind of Lease
State K	12	Grayburg Jackson (Q.G. SA.)	State, Federal or Fee State

Location

Unit Letter J ; 2310 Feet From The south Line and 1650 Feet From The east

Line of Section 28, Township 17-S Range 29E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate — Address (Give address to which approved copy of this form is to be sent)

Texas New Mexico Pipe Line Co. Box 1510, Midland, Texas

Name of Authorized Transporter of Casinghead Gas X or Dry Gas — Address (Give address to which approved copy of this form is to be sent)

Phillips Petroleum Co. Room B-2 Phillips Bldg., Odessa, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	28	17S	29E	yes	3-1960

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

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 (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)

OIL WELL

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
(Signature)

District Office Supervisor
(Title)

October 1, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 13 1965, 19

BY M L Armstrong

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 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