| NO. OF COPIES RECEIVED 5 | • • | | | |
|--|----------------------------------|--|--|--|
| DISTRIBUTION | | | Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 | |
| U.S.G.S. | AUTHORIZATION TO | AND D TRANSPORT OIL AND NATUR | | |
| IRANSPORTER OIL GAS | | | RECEIVED | |
| PRORATION OFFICE | | | | |
| Tenneco Oil Compar | ₩ [™] | | . e.t | |
| | Change in Transporter of: | Dry Gas |) | |
| If change of ownership give name and address of previous owner | | | | |
| DESCRIPTION OF WELL AND | LEASE | | | |
| Lease Name State 'L' | Lease No. Well No. F B-514 23 | Cocl Name, Including Formation Grayburg Jackson | Kind of Lease B-514 State, Federal or Fee | |
| Location Unit Letter L 19 | | | From The | |
| -0 | | ge 29-E , NMFM, | Eddy County | |
| DESIGNATION OF TRANSPOR | TED OF OH AND NATUR | AL GAS | | |
| Name of Authorized Transporter of O | I X or Condensate | Address (Give address to which | approved copy of this form is to be sent) | |
| Texas New Mexico Pij | | Box 1510 'fidland, T | exas | |
| Name of Authorized Transporter of Co Phillips Petroleum (| | Rand-2 Phillips Bld | approved copy of this form is to be sent) g. Odessa, Texas | |
| if well produces cil or liquids, | Unit Sec. Twp. R | ige. Is gas actually connected? | When at completion. Prod. | |
| give location of tanks. | G 28 17-5 | 29-E Yes | into existing facility. | |
| Designate Type of Completi Date Spudded (* ******************************** | ion $-(X)$ X | Well Hew Well Workover Deer Total Depth | Plug Back Same Res'v. Diff. Res' P.B.T.D. | |
| 6-17-66 Elevations (DF, RKB, RT, GR, etc., | 7-1-6 5 | 6273 | 2860 Tubing Depth | |
| 3570 GR | San Andres | 2659 | | |
| Perforations One 1/2" hole (2789, 2796. | 2659, 2660, 2717, 2 | 2725, 2731, 2741, 2757, 2 | 2750 Pepth Casing Shoe 2894 | |
| | CASING & TUBING SIZ | G, AND CEMENTING RECORD | SACKS CEMENT | |
| HOLE SIZE | 8-5/8 | 1214 | 325 | |
| 7-7/8 | 4-1/2 | 2894 | 110 | |
| 4-1/2 casing | 2-3/8 | 2750 | tubing | |
| TEST DATA AND REQUEST I | | r this depth or be for fuil 24 hours) | boad oil and must be equal to or exceed top allo | |
| Date First New Cil Run To Tanks | Date of Test | Producing Method (Flow, pump, | , gas lift, etc.) | |
| 8-8-66 Length of Test | 8-9-66 Tubing Pressure | Casing Pressure | Choke Size | |
| 24 hrs. | 20 psi | 20 psi | open 2" | |
| Actual Prod. During Test | Oil-Bbis. | Water-Bbls. | Gas - MCF | |
| 45 | 30 | 15 (load) | TSTM | |
| GAS WELL | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | |
| | | Casing Pressure | Choke Size | |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | | |
| . CERTIFICATE OF COMPLIANCE | | | OIL CONSERVATION COMMISSION | |
| 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. | | vation | APPROVED <u>AUG 1 6 1966</u> , 19 | |
| | | belief. $ BY// X //////////////////////////////$ | BY_M/L(/21110/2011C | |
| | | | HESPEOTOR | |
| 10 1 | | | ied in compliance with RULE 1104. | |
| 1. f. Car | e J.F. Carne | a If this is a request for | or allowable for a newly drilled or deepen | |
| (Si) | gnature) | | ccompanied by a tabulation of the deviation accordance with RULE 111. | |
| / District Petro | | All sections of this f | orm must be filled out completely for allo | |
| , | Title) 5 | able on new and recomple | eted wells. | |
| August 15, 196 | Date) | well name or number, or tr | ns I, II, III, and VI for changes of own ansporter, or other such change of condition | |
| 1 | | | of much he filled for each pool in multir | |

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.