

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

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

RECEIVED  
OCT 11 1965  
D. E. C.  
ARTESIA, OFFICE

DISTRIBUTION  
SANTA FE  
FILE  
U.S.S.R.  
LAND OFFICE  
TRANSPORTER  
OPERATOR  
PRODUCTION OFFICE

OIL  
GAS

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1  
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I. PRODUCTION OFFICE

1. Name of Operator Tenneco Oil Company ✓

2. Address P.O. Box 1031, Midland, Texas

3. Reason(s) for filing (Check proper box)

Change in Transporter oil ☐ Other (Please explain) Change name of lease from State B-255 Effective 10-1-65

Change in ownership ☒ Change in Lease ☐ Dry Gas ☐ Condensate ☐

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

1. Name of Lease State K

2. Well No. 14 Pool Name, including Formation Grayburg Jackson (Q.G. SA.) Kind of Lease State, Federal or Fee State

3. Location

Unit Letter P ; 990 Feet From The south Line and 330 Feet From The east

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

1. Name of Authorized Transporter of Oil ☒ 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

2. Name of Authorized Transporter of Gas ☒ 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

3. If well produces oil or liquids, give location of tanks. Unit 0 Sec. 28 Twp. 17S Rge. 29E Is gas actually connected? yes When 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 Rest'n. ☐ Diff. Rest'n. ☐

1. Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.T.D. \_\_\_\_\_

2. Pool \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_

3. 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)

1. Date First New Oil Run To Tanks \_\_\_\_\_ Date of Test \_\_\_\_\_ Producing Method (Flow, pump, gas lift, etc.) \_\_\_\_\_

2. Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_

3. Actual Prod. During Test \_\_\_\_\_ Oil-Bbls. \_\_\_\_\_ Water-Bbls. \_\_\_\_\_ Gas-MCF \_\_\_\_\_

GAS WELL

1. Actual Prod. Test-MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_

2. Testing Method (pilot, back pr.) \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_

VI. 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.

APPROVED OCT 13 1965, 19  
BY M. L. Armstrong  
TITLE Oil Field 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 from the well in accordance with RULE 1104.

All sections of this form must be filled out completely for allowable on newly drilled or deepened 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 Form C-104 must be filed for each pool in multiply

October 1, 1965

(Date)