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| U.S.G.S.          |     |   |
| LAND OFFICE       |     |   |
| TRANSPORTER       | OIL | 1 |
|                   | GAS |   |
| OPERATOR          |     |   |
| PRODUCTION OFFICE |     |   |

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

Form C-104  
Supersedes OIL C-104 and C-11  
Effective 1-1-85

RECEIVED

SEP - 9 1974

I. Operator  
Tenneco Oil Company  
Address  
1200 Lincoln Tower Bldg., Denver, Colorado 80203  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☒  
Recompletion ☒ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner

O. C. C.  
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                    |                |                                                   |                                              |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------|----------------------------------------------|---------------------|
| Lease Name<br>State I                                                                                                                              | Well No.<br>16 | Pool Name, including Formation<br>Empire AGO 26-c | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>B-1266 |
| Location<br>Unit Letter P ; 990 Feet From The South Line and 330 Feet From The East<br>Line of Section 29 Township 17S Range 29E NMPM, Eddy County |                |                                                   |                                              |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                         |                                                                                                      |            |                 |             |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------|-----------------|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Permian Corporation | Address (Give address to which approved copy of this form is to be sent)<br>Box 3119, Midland, Texas |            |                 |             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Phillips Pet. Co.      | Address (Give address to which approved copy of this form is to be sent)<br>Bartlesville, Oklahoma   |            |                 |             |
| If well produces oil or liquids, give location of tanks.                                                                                | Unit<br>P                                                                                            | Sec.<br>29 | Twp.<br>17S     | Rge.<br>29E |
| Is gas actually connected?                                                                                                              | Yes                                                                                                  |            | When<br>8/22/74 |             |

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.          |           |                        |
| 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      |           |                        |
|                                      |                             |          |                 |          |                   |           |                        |
|                                      |                             |          |                 |          |                   |           |                        |
|                                      |                             |          |                 |          |                   |           |                        |

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)

|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| 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 (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.

  
(Signature)  
Senior Production Clerk  
(Title)  
September 5, 1974  
(Date)

OIL CONSERVATION COMMISSION  
SEP 11 1974

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gussert  
TITLE OIL AND GAS INSPECTOR

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 multiple completed wells.