STATE OF NEW MEXICO	\sim		Form C-104	
LIFIGY AND MINERALS DEPARTMENT	OIL CONSERVATION DIVISION		RECEIVED BY	
	P. O. BO SANTA FE, NEW		MAY 4 1984	
U 8.0.8.	REQUEST FOR	ALLOWABLE	Q. C. B.	
TRANSPORTER DIL V	AN	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
PROBATION V				
Tenneco Oil Company	✓			
7990 IH 10 West, Sa	n Antonio, Texas 78230	Other (Please esplain)	2480	
Reason(s) for filing (Check proper box New Well) Change in Transporter of:	Request testing	allowable of 2000 bbls. of May 1984 from the Queen	
Recompletion X Change in Ownership	Cil Dry Gas Casinghead Gas Condeni	Filformation Per	fs @ 2464-2480, 4SSF.	
If change of ownership give name		<u>, , , , , , , , , , , , , , , , , , , </u>		
and address of previous owner				
DESCRIPTION OF WELL AND	Well No. Pool Name Increasing to		- 1010	
State JL 36	1 So. Leonard ((Queen) - Linke, Stole, Fed	erol or Fee State E-1819	
	0Feet From The_ <u>SOUTh</u> _Line	and <u>1980</u> Feet Fro	m The East	
Line of Section 36 To	wnship 185 Range	<u> 29Е , ммрм, I</u>	Eddy County	
DESIGNATION OF TRANSFOR	TER OF OIL AND NATURAL GA	S	proved copy of this form is to be sent)	
Note of Authorized Transporter of Ci The Permian Corp.		P.O. Box 1183, Houston	n, Texas 77251 7700 proved copy of this form is to be sent)	
Nume of Authorized Transporter of Co	isinghead Gas or Dry Gas	Address (Give address to which app		
If well produces oil or liquids,	Unit Sec. Twp. Rge. 0 36 188 29E	is gas actually connected?	When	
give location of tarks. If this production is commingled w	ith that from any other lease or pool, (give commingling order number:	······································	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v, Diff. Res'v.	
Designate Type of Completi Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	*'ame of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)			Depth Casing Shoe	
Perforations				
HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be of oble for this de	fter recovery of total volume of load pth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
Oll, WFLL Date First New Oil Run To Tanks	Date of Test	Producing Kethod (Flow, pump, sa	s lift, etc.)	
Length of Teat	Tubing Pressure	Casing Pressure	Choze Size	
Actual Prod. During Test	Oll-Bble.	Water-Bbla.	Gas - MCF	
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Frod. 7001 - MCF/D		Cosing Pressure (Shut-in)	Choke Size	
Testing Method (pitor, back pr.)	Tubing Presewe (Shat-12)			
CERTIFICATE OF COMPLIAN	(CE		0 4 1984	
I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and bellef.		Original Staned by		
		BY Leslie A. Clawrents TITLE Supervisor District II		
1		This form is to be filed	in compliance with BULE 1104.	
frite Dray		If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.		
Production Analyst	nalwe)	tests taken on the well in a	must be filled out completely for allow	
(7:1/e) May 2, 1984		able on new and recompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of owner, well name or number, or transporter, or other such change of condition.		
(Dute)		Separate Forms C-104	must be filed for each pool in multipl	