GTATE OF NEW MEXICU THEREY AND MINEBALS DEPARTMENT		ATION DIVIS.		Form C-104 Revised 10-1-78	
0161 M INUT 10H IANTA F C V FILE V 1	RECEIVEDIBY NI	EW MEXICO 87501			
	JUL 22 1985	JUL 22 1985			
JUL 22 1985 TRANSPORTER DIL V TRANSPORTER DIL V TRANSPORTER DIL V TRANSPORTER DIL V TRANSPORTER DIL V					
OPERATOR	AUTHORIZATION TO TRAN	SFORT OIL AND NATU	IRAL GAS		
Tenneco 0il Co	ompany				**************************************
Address 7990 IH 10 Wes	st, San Antonio, Tx 7823(0			
Reason(s) for filing (Check proper b New Well	Change in Transporter of:	Other (Pleas	e explain)		
Recompletion	Οιι Οτγο	Con D To add	new gas	purchaser	
If change of ownership give name			*** *********		
and address of previous owner			<u></u>		
Lease Name	Well No. Pool Name, Including		Kind of Leas	8 e	Lease No.
State JL 36			State, Føder	alorFee State	_]
Unit Letter;66	0 Feet From The south L	ine and	Feet From	The	Test T
Line of Section 36 7	Fownship 185 Range	29Е , ммрм	, Ec	ldy	County
IESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS Address (Give address)	o which appre	oved gopy of this form is 1	
			1.7	TAN	
	Attn: Neal Porter	4000 Penbrook, Odessa, TX 79760			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 0 36 185 29E	is gas actually connected? When yes 7-18-85			
If this production is commingled w COMPLETION DATA	with that from any other lease or pool,		number:		
Designate Type of Complet	ion - (X)	New Well Workover	Deepen	Plug Back Same Res	'v. Diff. Res'y.
Date Spuddød	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		I		Depth Casing Shoe	
HOLESIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD		SACKS CEM	
				Post ID-3	
			·······	7-26- Hodd GT	85 : PP
			·····		
. TEST DATA AND REQUEST F	able for this de	after recovery of total volum epth or be for full 24 hours)			rceed top allow-
Dute First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lif	(t, «tc.)	
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test	O11-Bbl.	Water-Bbls.		Gas-MCF	
GAS WELL		• • • • • • • • • • • • • • • • • • •			······
Actual Frog. Test-MCF/D	Length of Test	Bbls. Condensale/MMCF		Gravity of Condensate	
Teeling Method (pitol, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (Shut-S	(מ.	Choke Size	
CERTIFICATE OF COMPLIAN	CE		NSERVAT	ION DIVISION	ł
I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED	JUL 2:		19
		BYOriginal Signed By Mike Williams			
		TITLE	Oil & Ga	s Inspector	
Ausan Rest		If this is a reque	at for allows	ompliance with MULE able for a newly drilled	d or deepened
(Signature) Accounting Analyst		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
(Tule) 7-18-85		All sections of this form must be filled out completely for slid- able on new and recompleted wells. Fill out only Sections I. 11, 111, and VI for changes of owner.			
(Date)		well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply			