

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED BY 10-1-78

SEP 28 1984

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Tenneco Oil Company ✓

Address

7990 IH 10 West, San Antonio, Texas 78230

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 12-12-84  
UNLESS AN EXCEPTION TO  
RULE 306 IS OBTAINED ✓If change of ownership give name  
and address of previous ownerDESCRIPTION OF WELL AND LEASE R-7958 12/3/84 R-7958 6/12/85

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State JL 36	5	<del>Grayburg</del> Queen. <del>SA</del> (Grayburg) SA	State, Federal or Fee	State
Location				
Unit Letter	E	2310	Feet From The North	Line and 990 Feet From The West
Line of Section	36	Township 18S	Range 29E	NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corp.	P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
E 36 18S 29E	- -

If this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/30/84	9/16/84	3595'	3552'
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3449' GR	Queen	2301' <u>2645</u>	2804'
Perforations		25 holes	Depth Casing Shoe
2645', 46', 47', 48', 52', 2677'-86'			3595'

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8" csg.	310'	200 SXS
7 7/8"	5 1/2" csg.	3604.42'	740 SXS
5 1/2"	2 3/8" tbq.	2804	-

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.)
9/16/84	9/19/84	pump
Length of Test	Tubing Pressure	Casing Pressure
24	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
	51	21
		Gas-MCF
		TSTM

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sr. Production Analyst

(Title)

9-26-84

(Date)

## OIL CONSERVATION DIVISION

APPROVED OCT 12 1984, 19BY Original Signed By  
Leslie A. ClementsTITLE Supervisor District II

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 multiply