ENERGY AND MINERALS DEPARTMENT

Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
MAY 20 1985
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Tenneco Oil Co. ✓
Address	7990 I.H. 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)

Change transporter of oil from the Texas-New Mexico Pipeline Co. Effective 5/1/85

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Jones ~~Federal "B"~~ B Federal	1	Lusk Strawn	State, Federal or Fee Federal	

Location

Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East

Line of Section 25 Township 19-S Range 31-E , NMPM, Eddy Cou

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co. - Trucks	~~401~~ 4001 Penbrook, Odessa, Texas 79762
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Continental Oil Co.	Box 460 Hobbs, N. Mex. 88240

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	25	19S	31E	Yes	11-1-64

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

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
			Past ID-3 5-24-85 Chg WI: TNM

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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 (pitot, 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.

Mary Hall
(Signature)

SENIOR PRODUCTION ANALYST
(Title)

5/16/85
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 22 1985, 19 ____

BY ~~ORIGINAL SIGNED~~ BY LARRY BROOKS GEOLOGIST NMOCD

TITLE _____

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 operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.