

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

MAR 15 1965

Tenneco Oil Company

O. C. C.
ARTESIA, OFFICE

Box 1031, Midland, Texas

Other (Please explain)

Effective 3-11-65

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Including Formation	Kind of Lease
1	Lusk Strawn	State, Federal or Fee Federal
Jones-Federal "D"		
Feet From The	Line and	Feet From The
E	1980 North	660 West
Line of Section	Township	Range
24	19-S	31-E
		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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipe Line Co.	Box 1510, Midland, Texas					
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)					
Capill	Hubbs					
If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	24	19-S	31-E	Yes	11-1-64

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 Res'v.	Diff. Res'v.
Date Completed	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
			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 Flow From To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Location of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Production During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Production (pilot, back pr.)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure	Casing Pressure	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.

R.O. Bowery
District Office Supervisor

March 11, 1965

OIL CONSERVATION COMMISSION
MAR 15 1965

APPROVED

BY

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 Sections I, II, III, and VI only 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.