

## OIL CONSERVATION DIVISION

Form C-104  
Revised 10-1-70P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED BY

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O. C. D.

ARCSA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGULATION OFFICE	
Operator	

Tenneco Oil Company

Address  
7990 IH 10 West, San Antonio, Tx 78230

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☒Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Reclassified from gas to oil

If change of ownership give name  
and address of previous owner

CASINGHEAD GAS MUST NOT BE

FLARED AFTER 10-6-85

UNLESS AN EXCEPTION TO:

RULE 236 IS OBTAINED

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State HL 2	1Y	Turkey Track-Wolfcamp	State, Federal or Fee	State
Location				
Unit Letter	F	1870	Feet From The	west
Line and	2090	Feet From The	north	
Line of Section	2	Township	19S	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)					
Permian	P.O. Box 3119, Midland, Tx 79701					
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
	F	2	19S	29E	no	

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'y.	Diff. Res'y.
	X					X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-22-81	7-30-85	11,589	10,408					
Elevations (FE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3392-4GL	Wolfcamp	9074	9084					
Perforations	Depth Casing Shoe							
9074'-82' (2 JSPF) & 9086'-94' (2 JSPF)	34 holes							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
5 1/2" (2-104)			Post ID-2
			8-9-85
			Comp. Wolfcamp

## 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)

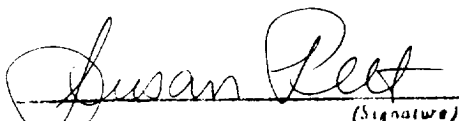
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7/30/85	7/30/85	flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	130	0	26/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	197	0	193

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.



Accounting Analyst

(Title)

7-31-85

(Date)

## OIL CONSERVATION DIVISION

AUG 7 1985

APPROVED

BY Original Signed By

Les A. Clements

TITLE 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 completed wells.