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U.S.G.S.	
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TRANSPORTER	OIL 1
	GAS
OPERATOR	2
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**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.  
Effective 1-1-65

*B.K.*

**I. Operator**  
Tenneco Oil Company  
Address  
720 So. Colorado Blvd., Denver, Colorado 80222

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:		Change in producing formation from Upper Hospah to: Lower Hospah
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

\*NM-12335

Lease Name <del>Lower Hospah Lease</del> (8269)	Well No. 12	Pool Name, Including Formation <del>Lower Hospah</del> <i>Lower Hospah</i>	Kind of Lease State, Federal or Fee Federal	Lease No. *
Location Unit Letter <u>E</u> ; <u>2160</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>17-N</u> Range <u>9-W</u> , NMPM, <u>McKinley</u> 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"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1588, Farmington, New Mexico 87401			
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 E	Sec. 12	Twp. 17N	Rge. 9W
	Is gas actually connected?		When	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input 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 checked="" type="checkbox"/>
Date Spudded 3/21/67	Date Compl. Ready to Prod. 5/21/79		Total Depth 1840'		P.B.T.D. 1740'			
Elevations (DF, RKB, RT, CR, etc.) 7067' GL	Name of Producing Formation Lower Hospah		Top Oil/Gas Pay 1674'		Tubing Depth 1674'			
Perforations 96 holes from 1674' to 1698'						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10 3/4"		47'		70			
8 3/4"	7"		1772'		110			

**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 New Oil Run To Tanks 5/21/79	Date of Test 5/21/79	Producing Method (Flow, pump, gas lift, etc.) Submersible pump	
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 63	Water - Bbls. 586	Gas - MCF TSTM

**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

**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.

*Carley Statton*  
(Signature)  
Administrative Supervisor  
6/15/79  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 20 1979, 19\_\_\_\_

BY Original Signed by A. R. Kendrick  
SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditic  
Separate Forms C-104 must be filed for each pool in multip completed wells.