

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
OPERATOR	/

Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

1a. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐
b. TYPE OF COMPLETION
NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER Recompletion
2. Name of Operator
Tenneco Oil Company
3. Address of Operator
Suite 1200 Lincoln Tower Building, Denver, Colo. 80203
4. Location of Well
UNIT LETTER P LOCATED 990 FEET FROM THE South LINE AND 990' FEET FROM East
THE LINE OF SEC. 11 TWP. 17-N RGE. 9-W NMPM
15. Date Spudded 16. Date T.D. Reached 17. Date Compl. (Ready to Prod.) 18. Elevations (DF, RKB, RT, GR, etc.) 7108 GR 19. Elev. Casinghead
20. Total Depth 3050 21. Plug Back T.D. 2790 22. If Multiple Compl., How Many 23. Intervals Drilled By Rotary Tools Cable Tools
24. Producing Interval(s), of this completion - Top, Bottom, Name 25. Was Directional Survey Made
2711' to 2727' Upper Dakota
26. Type Electric and Other Logs Run 27. Was Well Cored

12. County
McKinley

28. CASING RECORD (Report all strings set in well)
CASING SIZE WEIGHT LB./FT. DEPTH SET HOLE SIZE CEMENTING RECORD AMOUNT PULLED
29. LINER RECORD
SIZE TOP BOTTOM SACKS CEMENT SCREEN
30. TUBING RECORD
SIZE DEPTH SET PACKER SET
31. Perforation Record (Interval, size and number)
Note: See Form C-105 originally filed 3-29-68
This form filed 9-11-69 to furnish tops only per Alene Echols note of 9-8-69.
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL AMOUNT AND MATERIAL USED
33. PRODUCTION
Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump)
Date of Test Hours Tested Choke Size Prod'n. For Test Period Oil - Bbl. Gas - MCF Water - Bbl. Gas - Oil Ratio
Flow Tubing Press. Casing Pressure Calculated 24-Hour Rate Oil - Bbl. Gas - MCF Water - Bbl. Oil Gravity - API (Corr.)
34. Disposition of Gas (Sold, used for fuel, vented, etc.) Test Witnessed By
35. List of Attachments
Well recompleted 9-2-69 - See Form C-103 dated 9-5-69
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED G. A. Ford TITLE Sr. Production Clerk DATE 9-12-69

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout <u>595</u>	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos <u>760</u>	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup <u>1800</u>	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn <u>2660</u>	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota <u>2710</u>	T. _____
T. Blinberry _____	T. Gr. Wash _____	T. Morrison <u>2995</u>	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
595	760	165	Point Lookout Sand				
760	1800	1040	Upper Marcos Shale				
1800	1853	53	Upper Hospah Sd.				
1853	1970	117	Lower Hospah Sd.				
1970	2710	740	Lower Marcos Shale				
2710	2995	285	Dakota				
2995	3028	33	Morrison				
DST	1810	to 1862 (Upper and Lower Hospah)					
	Rec.	1400 water					
DST	2676	to 2908 (Dakota)					
	Rec.	120' HO & GCM					
		520' OCM					
		120' M					



NO. OF COPIES RECEIVED	7
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	4
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator
Tenneco Oil Company
Address
Suite 1200 Lincoln Tower Building - Denver, Colorado 80203
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Plateau authorized for first 2000 BBls oil only

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Whigham	Well No. 2	Pool Name, Including Formation Undesignated Dakota	Kind of Lease State, Federal or Fee	Lease No. 32906
Location Unit Letter P ; 990 Feet From The South Line and 990 Feet From The East Line of Section 11 Township 17 N Range 9 W , NMPM, McKinley 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 Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1588 - Farmington, New Mexico					
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 P	Sec. 11	Twp. 17	Rge. 9	Is gas actually connected? No	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 X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v. X	Diff. Res'v.
Date Entered Re entry 8/20/69	Date Compl. Ready to Prod. 8/28/69	Total Depth 3050	P.B.T.D. 2750					
Elevations (DF, RKB, RT, GR, etc.) 7108 GR	Name of Producing Formation Undesignated Dakota	Top Oil/Gas Pay 2711	Tubing Depth 2679					
Perforations 2711-2727 W/2 holes per Ft.	Depth Casing Shoe 2969							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4 "	10-3/4 " 32.75#		97		125 sks			
6-3/4 "	4-3/8 " 9.5#		2969		265 cu. Ft.			
	2-3/8 " 4.70		2679					

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 8-28-69	Date of Test 9-2-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 45	Casing Pressure Packer	Choke Size None
Actual Prod. During Test 166	Oil - Bbls. 154	Water - Bbls. 12	Gas - MCF 147

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.

(Signature)

Sr. Production Clerk

(Title)

September 4, 1969

(Date)

OIL CONSERVATION COMMISSION
SEP 8 1969

APPROVED
BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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