

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Durango, Colorado
(Place)

December 14, 1964
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Tenneco Oil Company Jicarilla, Well No. 1-A, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

L, Sec. 18, T. 26, R. 5, NMPM., Mesaverde Pool
Unit Letter

Rio Arriba

County. Date Spudded 10-18-61 Date Drilling Completed 11-4-61
Elevation 6599 GL Total Depth 7588 PBDT -

Please indicate location:

D	C	B	A
E	F	G	H
L X	K	J	I
M	N	O	P

Top ~~oil~~/Gas Pay 5152 Name of Prod. Form. Mesaverde

PRODUCING INTERVAL - Perf w/4 jets per foot

Perforations 5308-12, 5152-54, 5159-63, 5166-72, 5270-78, 5282-5302

Open Hole _____ Depth _____
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
10-3/4	213	150
7-5/8	3350	300
5-1/2	7588	165
2-3/8	7173	
1"	5117	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: AOP 711 MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: One point back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 100,000# sand, 104,000 gallons water

Casing _____ Tubing _____ Date first new
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter McWood Corporation

Gas Transporter Southern Union Gas Company

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved DEC 16 1964, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Tenneco Oil Company
(Company or Operator)

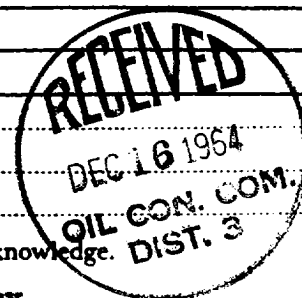
Original Signed by:

By: J. H. WATKINS (Signature) J. H. Watkins

Title District Office Supervisor
Send Communications regarding well to:

Name R. E. Siverson, Tenneco Oil Company

Address P. O. Box 1714, Durango, Colorado



STATE OF NEW MEXICO	
OIL COMMISSIONER'S OFFICE	
COUNTY OF _____ OFFICE	
NUMBER OF OIL WELLS _____	
NUMBER OF OIL WELLS IN PRODUCTION _____	
SUMMARY OF	DATE _____
FILE	✓
ISSUES	✓
EXED. PROC.	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	✓
OPERATOR	✓