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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-110
Effective 1-1-65

Operator Tenneco Oil Company	
Address P. O. Box 1714, Durango, Colorado 81301	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
TO CORRECT GAS TRANSPORTER	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name Jicarilla "A"	Lease No. 2	Well No. 2	Pool Name, Including Formation South Blanco Tocito	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter B	1850	Feet From The East	Line and 790	Feet From The North
Line of Section 18	Township 26N	Range 5W	NMPM, Rio Arriba	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland, Inc. (Formerly Lamar Trucking)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 18	Twp. 26	Rge. 5	Is gas actually connected? Yes	When Approximately 5/25/66

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" 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 type="checkbox"/>		
Date Spudded 11/4/64	Date Compl. Ready to Prod. 5/24/65	Total Depth 7750'	P.B.T.D. 7670'
Elevations (DF, RKB, RT, GR, etc.) 6678 GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 6917'	Tubing Depth 6906'
Perforations 6917-6919 8 holes/ft.			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	444	225 sx
7-7/8	5-1/2	7749	635 sx
	2-1/16	6900	

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 February 1965	Date of Test 3/14/65	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 200	Casing Pressure 500	Choke Size 14/64
Actual Prod. During Test 47 bbs.	Oil-Bbls. 47 bbls.	Water-Bbls.	Gas-MCF 183 MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate-MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

I. 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.

Harold C. Nichols
Harold C. Nichols
Senior Production Clerk
(Title)
August 11, 1966
(Date)

OIL CONSERVATION COMMISSION
AUG 13 1966
APPROVED _____, 19____
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 completed wells.