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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

5 - 114000
1 - CONT.
1 - File
1 - Atlantic

Operator <u>Tenneco Oil Company</u>	
Address <u>P. O. Box 1714, Durango, Colorado 81301</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Effective first delivery. Dual Gallup & Dakota gas well.
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE				
Lease Name <u>Jicarilla</u>	Lease No. <u>"A"</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Undesignated Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Location Unit Letter <u>G</u> ; <u>1750</u> Feet From The <u>North</u> Line and <u>1450</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>26-N</u> Range <u>5-W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
<u>Lamar Inc.</u>				<u>P. O. Box 1528, Farmington, New Mexico</u>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
<u>El Paso Natural Gas</u>				<u>P. O. Box 990, Farmington, New Mexico</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>G</u>	<u>20</u>	<u>26</u>	<u>5</u>	<u>No</u>	<u>On Approval</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Designate Type of Completion - (X)			<u>X</u>	<u>X</u>					
Date Spudded <u>10/22/65</u>	Date Compl. Ready to Prod. <u>12/10/65</u>	Total Depth <u>7600</u>		P.B.T.D. <u>7555</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6630 GR</u>	Name of Producing Formation <u>Undesignated Gallup</u>	Top Oil/Gas Pay <u>6756</u>		Tubing Depth					
Perforations <u>6756-6780</u>		Depth Casing Shoe <u>7600</u>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<u>12-1/4</u>	<u>8-5/8</u>		<u>467</u>		<u>250 sx</u>				
<u>6-3/4</u>	<u>5-1/2</u>		<u>7600</u>		<u>1st stage 255 sx</u>				
					<u>2nd stage 150 sx</u>				
	<u>2-1/16 tubg.</u>		<u>7250</u>		<u>3rd stage 900 sx</u>				

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D <u>26290</u>	Length of Test <u>3 Hours</u>	Bbls. Condensate/MMCF <u>---</u>	Gravity of Condensate <u>---</u>
Testing Method (pitot, back pr.) <u>Back Pr.</u>	Tubing Pressure <u>525</u>	Casing Pressure <u>1587</u>	Choke Size <u>3/4</u>

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>APR 20 1966</u>	
		BY <u>Original Signed by Emory C. Arnold</u>	
		TITLE <u>SUPERVISOR DIST. #9</u>	
<u>Harold C. Nichols</u> Harold C. Nichols Senior Production Clerk (Title) <u>March 22, 1966</u> (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep 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.	