s. de boris,	- • ·	6		
DISTRIBUTIO				
ANTA FE				
ILE			_	
1.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
TRANSFORTER	GAS			
OPERATOR				
PRORATION OF				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-116

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	ILE	1	7	- KEGOEST	AND	Effective 1-1-65		
).S.G.S.			AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	CAS		
	LAND OFFICE			THE THE TENT OF THE	INDI ON TOTE AND NATORAL	GAS		
	TRANSPORTER OIL	_/						
	GAS					API 30-039-21641		
	OPERATOR	2						
1.	PRORATION OFFICE							
	Operator							
	Tenneco Oil	Com	par	ıy				
	Address		_					
	/20 So. Colo	rad	o E	Blvd., Denver, Co. 80222				
	Reason(s) for filing (Check pro	oper i	box)		Other (Please explain)			
	New Well			Change in Transporter of:		:		
	Recompletion			Oil Dry Ga	s 🔲			
	Change in Ownership			Casinghead Gas Conden	sate			
	If change of ownership give and address of previous own							
	and address of previous own							
11.	DESCRIPTION OF WELL	ESCRIPTION OF WELL AND LEASE. *09-000				*09-000108		
	Lease Name		Well No. Pool Name, Including Formation Kind of Lease Lease No			se Lease No.		
	Jicarilla "C"	ļ.		7-A Blanco Mesa Ve	erde State, Feder	ral or Fee Federal *		
	Location							
	Unit Latter I		161	O Feet From The South Lin	e and 920 Feet From	The Fast		
	Omit Letter		בטב	O reet tom the South Em	e did reet From	The Last.		
	Line of Section 13		Tow	nship 26-N Range 5	-W , NMPM, Rio	Arriba County		
					N N N	711 1 Du Gainty		
III.	DESIGNATION OF TRAN	SPC	RT	ER OF OIL AND NATURAL GA	s	: :		
	Name of Authorized Transport				Address (Give address to which appr	oved copy of this form is to be sent)		
	Plateau, Inc.				Boy 108 Farmington	New Movico 97401		
	Name of Authorized Transports	er of	Cas	inghead Gas or Dry Gas X	Box 108, Farmington, Address (Give address to which appr	oved copy of this form is to be sent)		
	Northwest Pipel	ine	Co	nrn	Box 90, Farmington, New Mexico 87401			
				Unit Sec. Twp. Rge.		hen		
	If well produces oil or liquids, give location of tanks.	•	,	I 13 26N 5W	No	ASAP		
						ASAF		
	If this production is comming COMPLETION DATA	gled	with	n that from any other lease or pool,	give commingling order number:			
1 V .				Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Co	mple	tio	n - (X)	X	1 1 1		
	Date Spudded			Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	12/31/78			4/26/79	6283	6191 '		
	Elevations (DF, RKB, RT, GR	etc.	. i	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	7320' GL	.,	'	Mesa Verde	5503'	6128 '		
	Perforations			riesa verde	3303	· Depth Casing Shoe		
	f ⁻	4n '	_	6102'; 122 holes from 5	ED21 56161			
	10 110 123 11 0111 00	10			CEMENTING RECORD			
	HOLE SIZE			CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13 3/4"			9 5/8"	214 *			
	8 3/4"		-	7.6	4150	250 750		
	6 1/4"			4.1/2"	6285 '	300		
	0_1/4			2 3/8"	61281	300		
•	MESON DAMA AND DECIN	ren				land must be sevel to se succed to allow		
٧.	OIL WELL	ESI	FU	able for this de	pth or be for full 24 hours)	l and must be equal to or exceed top allow-		
	Date First New Oil Run To To	anks		Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	Length of Test			Tubing Pressure	Casing Pressure	Choke Size		
	-		İ		l of			
	Actual Prod. During Test			Cil-Bbis.	Water-Bbls.	Gas-MCF		
	-							
						. 6		
	GAS WELL				9			
	Actual Prod. Test-MCF/D			Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	7105			3 hrs	V C	of Oligin		
	Testing Method (pitot, back pr	r.)	-	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	back pressure	•	ĺ	795	990	3/4**		
T 7 E	<u>`</u>	D7 Y /		······································	^			
¥I.	CERTIFICATE OF COM	PLIA	INC	E	OIL CONSERV	4 4 1079		
			OIL CONSERVATION COMMISSION APPROVED					
	I hereby certify that the rule	es er	nd re	egulations of the Oil Conservation ith and that the information given				
above is true and complete to the best of my knowledge and belief.			best of my knowledge and belief.	By Original Signed by A. R. Kendrick				
			-	SUPERVISOR DISTRICT # 3				
					TITLE			
				1	This form is to be filed in compliance with RULE 1104.			
Administrative Supervisor Administrative Supervisor (Title) If this is a rewell, this form my tests taken on the supervisor All sections able on new and			If this is a request for allo	a request for allowable for a newly drilled or deepened				
			(ure)	well this form must be accompanied by a tabulation of the deviation				
			· · · · · · · · · · · · · · · · · · ·	tests taken on the well in accordance with RULE 111.				
			e)	All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	6/2	9	/ >	9	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.			
(Date)					well name or number, or transpo	rter, or other such change of condition.		
,						er he fited for each noot in multiple		