80. JF COPIES BEC	E14.0	1	1
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

DISTRIBUTION	-	NEW		ONSERVATION COMMI	SSION	Form C-104		
SANTA FE	4-1	•	REQUEST	FOR ALLOWABLE Supersedes Old C-104 and C- Effective 1-1-65				
FILE	<b>↓</b>			AND				
U.S.G.S.		AUTHORIZA	ATION TO TRA	NSPORT OIL AND N	ATURAL G	SAS		
LAND OFFICE	4							
TRANSPORTER OIL	$\bot$							
GAS	$\perp$							
OPERATOR								
PROPATION OFFICE								
Operator								
Tenneco Oil Compar	ıy							
Address								
P.O. Box 3249 End	lewoo	od, Colorado	80155					
Reason(s) for filing (Check propo				Other (Please	explaini			
New Well XX	,	Change in Trans	sporter of:					
		Oil	Dry Go			-		
Recompletion				<del></del>		_		
Change in Ownership		Casinghead Gas	Conden	isate L				
The state of a second second second								
If change of ownership give na and address of previous owner								
						-		
I. DESCRIPTION OF WELL	AND L	EASE						
Lease Name		Well No. Pool	Name, Including Fo		Kind of Lease	redelal		
Jicarilla, A		4E E	Basin Dakota	1	State, Federa	er Fee Contract #110		
Location				<del>```````````````````</del>				
D	950		North	. 1075		Wast		
Unit Letter:_		Feet From The	North Lin	e dna ±0/0	_ Feet From 1	ine Wood		
10		COS OCH			n-i-	Arriba		
Line of Section 19	Town	ship 26N	Range 5V	, NMPM,	кето	Arriba County		
				_				
I. DESIGNATION OF TRANS	PORTI	ER OF OIL AND	NATURAL GA	S Constant	ki=k ====	ved copy of this form is to be sent)		
Name of Authorized Transporter	or Off [	or Condens	rate TXX					
Conoco				Box 460 Hobbs	, New Me	xico 88240		
Name of Authorized Transporter	of Castr	nghead Gas 🔃 🛛 ot	r Dry GasyX	Address (Give address to	which appro	ved copy of this form is to be sent)		
Northwest Pipeline			Box 1526 Salt :	Lake Cit	y, <u>Utah</u> 84111			
		Unit Sec.	Twp. P.ge.	is gas actually connecte				
If well produces oil or liquids, give location of tanks.	i	D 19	26N 5W	No	1	ASAP		
<u> </u>			<del></del>	<del></del>		1		
If this production is commingle	ed with	that from any other	er lease or pool,	give commingling order	number:			
COMPLETION DATA		Oil Wel	l Gas Well	New Well Workover	Deepen	Plug Back   Same Res'v. Diff. Res'		
Designate Type of Comp	pletion	x = (X)	1	1	1			
			, XX	XX !	<u>i</u>	P.B.T.D.		
Date Spudded	1	Date Compl. Ready t	lo Prod.	Total Depth		1		
10/4/80		12/5/80		7515'		7464'		
Elevations (DF, RKB, RT, GR,	etc.j	Name of Producing F	Formation	Top Oil/Gas Pay		Tubing Depth		
1		Dakota		7213'		7213'		
6555 gr.  Perforations 7400-01',	7432-	-42 - 7446-50	7454-551	7352-671.73	38-891	Depth Casing Shoe		
7213'-20', 7223-48'	. 72	52-56' - 7259-	-61' 7266-6	58' 7323-24' 7	326-27!	1		
1213 20 , 1223-48	, , , , ,			CEMENTING RECOR		<u> </u>		
=	<del>- 1</del>	CASING & TL		DEPTH SE		SACKS CEMENT		
HOLE SIZE	<del></del> +							
12½"		9-5/8" 36#		354'		250 sx		
7-7/8"		$4\frac{1}{2}$ " 10.5 11	L.6#	7515		550 sx		
				<u> </u>		490 sx		
		2-3/8"		7213'				
. TEST DATA AND REQUES	ST FO	R ALLOWABLE	(Test must be a	fter recovery of total volur	ne of load oil	and must be equal to or exceed top alic		
OIL WELL			able for this de	pth or be for full 24 hours		COI-		
Date First New Oil Run To Tank		Date of Test		Producing Method (Flow	, pump, gas li	" The state of the		
	1					/ Constitution		
Length of Test		Tubing Pressure		Casing Pressure		Choke Size		
1	1					JAN 9 100-		
Actual Prod. During Test	-	Oil-Bbls.		Water - Bbis.	<del></del>	CHY MAE 1981		
7	İ					N COM		
<u></u>			<del>,</del>	<u> </u>	<del>- ::</del>	V 4:87. 3		
GAS WELL				Bbis. Condensate/MMCF	•	Gravity of Condensate		
Actual Prod. Test-MCF/D	- 1	Length of Test		Bois. Condensate/MMCF		Gravity of Condensaria		
Q = 1924		hours		1 2 2 2 2	45.1	Chaha Sira		
Testing Method (putot, back pr.)	1	Tubing Pressure (5)	hut-in )	Casing Pressure (Shut-	.Tp)	Choke Size		
Back Pressure		1695 Psi		1710 Psi		3/4"		
I. CERTIFICATE OF COMPI	JANC			II OIL C	ONSERVA	ATION COMMISSION		
. CENTIFICATE OF COMPT		_		1				
	فرسي	milations of the A	iil Conservation	APPROVED		, 19		
I hereby certify that the rules Commission have been comp	lied wi	ith and that the in	nformation given	Original Sign	ed by FRANI	k t. C <b>havez</b>		
above is true and complete	to the	beat of my knowle	edge and belief.	Original Sign	,			
-		/		11	<b>A</b> CCOUNTY	and the state of t		
				TITLE	SUPERVIS	th deuteur \$ 5		
[1]	/-	the.		This form is to	be filed in	compliance with RULE 1104.		
(1) Malking			15 ship to a resi	est for allos	wable for a newly drilled or deepen			
Curry /	Signat	- 0 VV0		If wall this form must	he accompa	ruled by a tapmistion of the deviers		
<u>.</u>		•		tests taken on the	well in acco	rdance with RULE 111.		
Assistant Division Administrative Manager		All sections of this form must be filled out completely for allo						
/ / /	(Tjele	•)		able on new and re-	completed w	ette.		
12/30	10	0	<del></del>	Fill out only S	ections 1, I	I. III. and VI for changes of owners or other such change of condition		
	(Date	e)				ter, or other such change of condition		
				Separate Forms	C-104 mut	t be filed for each pool in multip		