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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-
Effective 1-1-85

Operator Tenneco Oil Company

Address Box 3249, Englewood, CO 80155

Reason(s) for filing (check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Federal Contract	Lease No
<u>Jicarilla C</u>	<u>4E</u>	<u>Basin Dakota</u>	<u>State, Federal or Fee</u>		<u>108</u>
Location					
Unit Letter	<u>M</u>	<u>790</u> Feet From The	<u>South</u> Line and	<u>990</u> Feet From The	<u>West</u>
Line of Section	<u>24</u>	Township	<u>26N</u>	Range	<u>5W</u>
				<u>NMPM,</u>	<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>Conoco</u>	<u>Box 460, Hobbs, New Mexico 88240</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>Northwest Pipeline</u>	<u>Box 1526, Salt Lake City, Utah 84111</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>M</u>	<u>24</u>	<u>26N</u>	<u>5W</u>	<u>No</u>	<u>ASAP</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>1/6/81</u>	<u>3/9/81</u>	<u>7525'</u>	<u>7515'</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>6578' gr.</u>	<u>Dakota</u>	<u>7294'</u>	<u>7281'</u>					
Perforations	7294-7300', 7306-08', 7410-20', 7452-56', 7462-64', 7490-7500'			Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12-1/4"</u>	<u>9-5/8" 36#</u>	<u>285'</u>	<u>225 sx</u>					
<u>7-7/8"</u>	<u>4-1/2" 10.5, 11.6#</u>	<u>7525'</u>	<u>1st: 550 sx, 2nd: 950 sx</u>					
	<u>2-3/8"</u>	<u>7281'</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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>1182</u>	<u>3 hrs.</u>		
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Back Pressure</u>	<u>1370 PSI</u>	<u>1370 PSI</u>	<u>3/4"</u>

VI. 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.

Carley Hatten
(Signature)
Assistant Division Administrative Manager

March 10, 1981

(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 10 1981, 19____

BY Original Signed by FRANK I. CHAVEZ
SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.