80. JF EDPING REC	E14.0	1	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE	I		
TRANSPORTER	OIL		
THE STORTER	GAS	$I_{}$	
OPERATOR			
BRODATION OF	1	Ι —	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C -104

	SANTA FE	AND				Supersedes Old C-104 and C- Effective 1-1-65					
)				
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
	OIL	\dashv									
	TRANSPORTER GAS	-									
	OPERATOR										
1.	PRORATION OFFICE										
	Operator	_									
		Tenneco Oil Company									
	Address D. O. Doy 2240 Engloyand Colomado 90155										
	_	P.O. Box 3249, Englewood Colorado 80155									
	Reason(s) tofff-ling (Check proper box) Other (Please explain)										
	New We!!										
	Change in Ownership			Casinghead Gas Conden		-					
											
	If change of ownership give i		e								
	and address of previous own	er									
H.	DESCRIPTION OF WELL	AN	iD L	EASE				_			
	Luase Name			Well No. Pool Name, Including Fo		Kind of Lease		Lease No.			
	Jicarilla C 2E Basi				n Dakota State, Federal or Fee			108			
	Location				000		- .				
	Unit Letter 1 :		1800	Feet From The South Lin	• and <u>890</u>	_ Feet From The	East				
	1.4		_	nship 26N Range 5W	20.00	. San Juan					
	Line of Section 14		Town	nship 26N Range 5W	, NMPM,	San Juan		County			
	DECICE ATION OF TRAN	C 10/	٦ΡΤ	ER OF OIL AND NATURAL GA	9						
111.	Name of Authorized Transporte				Address (Give address :	o which approved	copy of this form is to	o be sent/			
	Conoco				Box 460 Hobbs, New Mexico 88240						
	Name of Authorized Transporte	er of	Casi	inghead Gas or Dry Gas 🔀	Address (Give address to which approved copy of this form is to be sent)						
	El Paso Natu	ra	1 Ga	as	Box 990 Farmington, New Mexico 87401						
	If well produces oil or liquids,			Unit Sec. Twp. P.ge.	Is gas actually connecte	,					
	give location of tanks.		-1	J 14 26N 5W	No		SAP				
	If this production is comming	zled	with	that from any other lease or pool,	give commingling order	number:		•			
	COMPLETION DATA										
	Designate Type of Cor	mnl	etio	Oil Well Gas Well	New Well Workover	Deepen P	lug Back Same Res	tv. Diff. Rest			
					X	1	.B.T.D.				
	Date Spudded 7/13/80		ļ	Date Compl. Ready to Prod. 9/22/80	Total Depth 7750'		7742'				
	Elevations (DF, RKB, RT, GR,			Name of Producing Formation	Top Oil/Gas Pay	T	ubing Depth				
	6713' gr	, erc	.,	Dakota	7484		7478'				
	Perforations		1			D	epth Casing Shoe				
	7484-90',749	7-	99'	, 7594-7612', 7674-94'							
				TUBING, CASING, AND	CEMENTING RECOR	D					
	HOLE SIZE			CASING & TUBING SIZE	DEPTH SE	T	SACKS CEM	ENT			
	12 1/4"			9 5/8" 36#	345'		200s.x				
	8 3/4"			7" 23#	5913'		1280sx				
	6 1/4"			4 1/2" 10.5 & 11.6#	7749'		250_sx				
								1. 1			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top alicable for this depth or be for full 24 hours)										
	OII, WELL Date First New Oil Run To Ta	nk s		Date of Test	Producing Method (Flou		tc.)				
							-				
	Length of Test			Tubing Pressure	Casing Pressure	C	hoke Size	To Market State of the State of			
	Actual Prod. During Test			Oil-Bbls.	Water - Bbls.	1,0	THE	-0			
	· ,	ï.					1	380 +			
	DEC COM							COM.			
	Actual Prod. Test-MCF/D			Length of Test	Bbis. Condensate/MMC	F IG		3			
	1902			3 hrs			Congeneral	•			
	Testing Method (pulat, back pr	.,		Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) C	thore Si				
	Back pressur			1630 psi	920 psi		374				
• ••	CERTIFICATE OF COMP				13	CONSERVATI	ON COMMISSION	N			
¥1.	CERTIFICATE OF COME	LLI	AITU	.5		CONSERVATI	F 1981				
	T hander marify that the rule		nd to	egulations of the Oil Conservation	APPROVED	CIARAL L. LUANIV	CHAVET.	19			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Original Signed by FRANK 1. CHAVEZ								
	above is true and complete to the best of my knowledge and belief.			SUPERVISOR DISTRICT # 3							
				TITLE							
			_/		This form is to be filed in compliance with RUL		E 1104.				
	(hally tattoon				Trabania a res	If this is a request for allowable for a newly drilled or despen- well, this form must be accompanied by a tabulation of the deviati					
	(Signature)				Il mentt this form mus	t he accompanie	d by a tabulation of	I fue geaters			
	Assistant Division Administrative Manager				tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for alloable on new and recompleted wells.						
	(I) (C (Title)										
	11/4/8	11/4/80 (Tule)			Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of conditions.						
			(Da	(e)			e filed for each p				
				Leptrete Form	. C-IO- BIUBL D						