NO. OF COPIES RECI	EIVLD	<del></del>	
DISTRIBUTIO		_	
SANTA FE			
FILE			
U.S.G.S.			_
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF	ICE		
Operator			
_		_	

	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104		
1	SANTA FE	T	FOR ALLOWABLE	Supersedes Old C-104 and C-11		
İ	FILE		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL O	243		
-	LAND OFFICE	AUTHORIZATION TO TRA	MAST OR TOTAL MATURAL O	,,,,		
		1				
	TRANSPORTER GAS					
	OPERATOR					
	PRORATION OFFICE					
•	Operator					
	Tenneco Oil Compa	ny				
	Address					
	P. O. Box 3249, E	nglewood, CO 80155				
ļ	Reason(s) for filing (Check proper box		Other (Please explain)			
		Change in Transporter of:				
	New We!!					
	Recompletion	Oil Dry Ga	<b>≒</b>			
	Change in Ownership	Casinghead Gas Conder	nsate			
,						
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND LEASE    Well No   Pool Name, Including Formation   Kind of Lease   Lease No.					
	Lease Name	Well No. Pool Name, Including F	Comp. Fodos	1		
	Jicarilla C	8E Basin Dako	ta state, rederd	d or Fee Contract #108		
	Location					
	Unit Letter A ; 10	20 Feet From The North Lin	ne and 870 Feet From	The East		
	Only Better					
	Line of Section 13 To	waship 26N Range	5W , NMPM, Rio Al	criba County		
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS			
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ted copy of this form is to be sent)		
	Conoco		Box 460, Hobbs, New Me	exico 88240		
	Name of Authorized Transporter of Ca	singhead Gas Toor Dry Gas X	Address (Give address to which appro			
			Box 1256, Salt Lake C			
	Northwest Pipelin		Is gas actually connected? Wh			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.				
	give location of tanks.	A 13 26N 5W	No	ASAP		
	Techia medication is commingled wi	th that from any other lease or pool,	give commingling order number:			
IV	COMPLETION DATA		<u> </u>			
• • •		Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Resty, Diff. Resty		
	Designate Type of Completi	on - (X)	X	1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	6/13/81	7/22/81	7899 <b>'</b>	7890'		
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tuking Depth		
	f .	Dakota	7670 <b>'</b>	7696'		
	6793' gr.	Dakota	7070	Depth Casing Shoe		
	Perforations			3844		
	7670-76', 7768-80			3844		
			D CEMENTING RECORD	CACKE CENENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/4"	9-5/8" 36#	321'	350sx		
	8-3/4"	7" 23#	3818'	700sx		
	6-1/4"	4-1/2" 11.6,10.5#	7899'	550sx		
		2-3/8"	7696'			
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil epth or be for full 24 hours;	and must be equal to or exceed top allo		
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, ras.)	Homesco)		
	Date Fifst New Ci. Adn 10 1 date	24.00.144		A Road of the second		
			Casing Pressure	Choke 1120		
	Length of Test	Tubing Pressure	A hander stand	Yab \		
			Water-Bb/s.	Goer MC		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls. JUL 29	1981		
			- OIL CON.	COM		
	GAS WELL		DIST.	3		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Graity of Condensate		
	1649	3 hrs.				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back Pressure	2405 PSI	2275 DCT	3/4"		
			OH CONSERV	ATION COMMISSION -		
VI	CERTIFICATE OF COMPLIAN	iCE	OIL CONSERV	ATION COMMISSION BI		
			10000000	. 19		
	I hereby certify that the rules and regulations of the Oil Conservation		1 11	Original Signed by FRANK T. CHAVEZ		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			1	BY Original Signed by FRAIR 1. CHATEL		
			<del> </del>			
<i>/</i>			TITLESUPERVISOR DISTRICT # 3			
	$\wedge$	<i>'</i>	TITLE			
		/	11	compliance with RULE 1104.		

(Signature)
Production Analyst (Title) July 24, 1981

(Date)

If this is a request for allowable for a newly drilled or deepens 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 allow able 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