	TO HER HELE				
_	DISTRIBUTION				
			ONSERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST	FOR ALL/OWABLE	Supersedes Old C-104 and C-116	
ĺ	FILE		AND /	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	· c	
		AUTHORIZATION TO TRA	AND THE AND THE TORAL OF	. 5	
	LAND OFFICE		1		
	TRANSPORTER GAS		1		
	OPERATOR				
	PRORATION OFFICE				
I.	Operator				
		.,			
	Tenneco Oil Compan	У			
	Address				
	P. O. Box 3249, En	glewood, CO 80155			
	Reason(s) for filing (Check proper box)		Other (Please explain)		
		Change in Transporter of:			
	New Well K				
	Recompletion	OII Dry Ga	s []	ı	
	Change in Ownership	Casinghead Gas Conden	isate		
		The second secon			
	If change of ownership give name and address of previous owner				
	•				
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.	
	Jicarilla C	6E Basin Dakota		er Fee Federal Contr. 108	
		OE Basin Bakota		1000101 00,101. 100	
	Location	<u>.</u>			
	Unit Letter B : 790	Feet From The north Lin	e and 1850 Feet From Ti	e East	
	Onit Letter,				
	14 -	nship 26N Range	5W , NMPM, Rio Ar	riba County	
	Line of Section 14 Tow	nship ZON Range	7 (10.7 %) 1.120 1.12	2220	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	.S		
	Name of Authorized Transporter of Oil	or Condensate 🕎	Address (Give address to which approve	ed copy of this form is to be sent)	
	1 -		Box 460, Hobbs, New Mexico 88240		
	Name of Admortized fransporter of Classify and Care of Admortized fransporter of Classify and Care of				
	Northwest Pipeline		Box 1526, Salt Lake Ci		
		Unit Sec. Twp. P.ge.	Is gas actually connected? When	.	
	If well produces oil or liquids, give location of tanks.	B 14 26N 5W	No	ASAP	
		<u> </u>			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA			Flug Back Same Resty, Diff. Resty.	
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Mesty, Diff. Mesty.	
	Designate Type of Completio	n = (X)	1 X	, , , , , , , , , , , , , , , , , , ,	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.	
	1			00001	
	5/19/81	8/16/81	8277'	8268 '	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cli/Gas Fay	Tubing Depth	
	7221' gr.	Dakota	8059'	7828'	
	Perforations	<u> </u>	•	Depth Casing Shoe	
	Periorations				
	TUBING, CASING, AND CEMENTING RECORD				
				1	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4"	9-5/8" 36#	347'	300 sx	
	8-3/4"	7" 23#	4359'	700 sx	
	· · · · · · · · · · · · · · · · · · ·	the state of the s		425 sx	
	6-1/4"	4-1/2" 11.6, 10.5#		, 74.1 58	
	6-1/4"	2-3/8"	7828	<u> </u>	
11	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 allow				
٧.	OIL WELL	able for this d	epth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	i, etc.)	
	Date First New Cir Non 10 1 diaz				
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Casing Piese Co		
	Actual Prod. During Test	Cil-Bbls.	Water-Bols.	Gas-MCF	
			I	1 .	
				\$ - \$	
	GAS WELL		Y	10-4	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condens to AMCF CON. CON	Gravity of Condensate	
	†	3 500	DST. 3	11	
	1932	3 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)			1	
	Back Pressure	2250 PSI	2275 PST	3/4"	
		CF	OIL CONSERVA	TION COMMISSION	
VI.	CERTIFICATE OF COMPLIANCE		11		
			ABBBOVED	AUG 2.7.1981	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY Original Signed by FRANK T. CHAVEZ	
			TITLE SUPERVISOR DISTRICT # 3		
			TITLE		

(Signature)

(Title)

(Date)

Production Analyst

August 19, 1981

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

If this is a request for allowable for a newly drilled or deepened 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 allowable 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 condition

Separate Forms C-104 must be filed for each pool in multiply