	<b></b>	1	,		
	DISTRIBUTION SANTA FE	1	CONSERVATION COMMISSION	Form C-104	
	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65	
	U.S.G.S.	AUTUORIZATION TO TR	AND		
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT O/L AND NATURAL (	SAS	
	TRANSPORTER OIL	<del>-</del>			
	GAS	-			
	OPERATOR .	4			
1.	PRORATION OFFICE	<u> </u>			
		_			
	Tenneco Oil Company				
	1				
	P. O. Box 3249, Englewood, CO 80155  Reason(s) for filing (Check proper box)  Other (Please explain)				
	New Well	Change in Transporter of:	Other (Treuse explain)		
	Recompletion	Oil Dry Go	76		
	Change in Ownership	Casinghead Gas Conde		· ·	
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, including F	ormation Kind of Leas.	e Lease No.	
	Jicarilla A	5E Basin Dakota		or Fee Federal Cont. 110	
	Lecation	JE Basin Bakoca		redefai conc. 110	
Unit Letter J 1560 Feet From The South Line and 1610 Feet From The East				East	
				The	
	Line of Section 20 Tov	waship 26N Range 51	W , NMPM, Rio A	rriba County	
		nen on out the National Ca	16		
ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)				
	7 450 7 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	Conoco   Box 460, Hobbs, New Mexico 88240     Name of Authorized Transporter of Casinghead Gas   or Dry Gas X   Address (Give address to which approved copy of this form is to be sent)				
			Pov 1256 Calt Lake C	*:+	
	Northwest Pipeline	Unit Sec. Twp. Age.	Box 1256, Salt Lake C		
	If well produces oil or liquids, give location of tanks.	J 20 26N 5W	No	ASAP	
	f this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA				
	Designate Type of Completic	On - (X)	New Well Workover Deeper.	Flug Back   Same Resty, Diff. Resty	
			X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	7/11/81	7/16/81	7494'	7456'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	6582' gr.	Dakota	7176'	7200 Toppth Casing Shoe	
	Perforations		601 7204 74041	Depth Cusing Shoe	
	71:76-80', 7174-7200', 7310-20', 7340-44', 7358-68', 7394-7404'  TUBING, CASING, AND CEMENTING RECORD				
		·	DEPTH SET	SACKS CEMENT	
	12-1/4"	CASING & TUBING SIZE 9-5/8" 36#	345'	350 sx	
	7-7/8"	9-5/8" 36# 5-1/2" 17, 23#	7494'	1385 sx	
	7-7/8"	2-3/8"	7200'	1	
	7-176	1	1200	1	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fier recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	fi, etc.)	
				and the second s	
	Length of Test	Tubing Pressure	Casing Pressure	Phoke Size	
				<u>/</u>	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
		·			
				(U )	
	GAS WELL			<u></u>	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	1677	3 hrs.	10	Choke Stree	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		
	Back Pressure	1495 PSI	1505 PSI	3/4"	

VI. CERTIFICATE OF COMPLIANCE

Production Analyst

August 19, 1981

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.

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

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

APPROVED\_

TITLE .

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3