			, 1			
NO. OF COPIES RECEIVED						
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION				
SANTAFE	1	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1			
FILE	The store of the manual states and service	AND				
u.s.g.s.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	L GAS OT TIVED			
LAND OFFICE			HILDLI I LES.			
TRANSPORTER GAS /	Living to tradition (Sub-Autority Village) in the Control of	د د د د د د د منعه میوادید :	UN 2 2 1967			
OPERATOR			JUN 4 Z 1901			
PROBATION OFFICE	<u> </u>	•	OIL COM COM.			
Operator Tenneco Oil Comp		4	DIS			
	any					
Address P. O. Box 1714.	Ourango, Colorado					
Reason(s) for filing (Check proper t		[0](0]	· · · · · · · · · · · · · · · · · · ·			
New Well	Change in Transporter of:	Other (Please explain)	g • 1			
Recompletion	Oil Dry G	Effective F	Effective First Delivery			
Change in Ownership	Casinghead Gas Conde	nsate 🔲				
			•			
If change of ownership give name and address of previous owner)		:)			
			, , ,			
I. DESCRIPTION OF WELL AN	Well No. Pool Name, Including F	ormation Kind of L	ease Lease No.			
Jicarilla "C"	7 Blanco Mesav		deral or Fee . Fed. Jicaril			
Location		· 				
Unit Letter M	Feet From The South Lin	ne and Feet Fr	om The West			
Line of Section 13	Township 26N Range	5W , NMPM, R	io Arriba County			
T DESCRIPTION OF MR INSTR	DEED OF OUR AND MARKINAT CA	. ~	S. A			
Name of Authorized Transporter of	RTER OF OIL AND NATURAL GA		oproved copy of this form is 'o be sent)			
Rock Island Oil a		P. O. Box 328, Farm				
Name of Authorized Transporter of		Address (Give address to which a	oproved copy of this form is 2 be sent)			
El Paso Natural (P. O. Box 990, Farm	ington, New Mexico			
If well produces oil or liquids,	Unit Sec. Twp. Rge.		When			
give location of tanks.	M 13 26 5	No	On Approv 1			
	with that from any other lease or pool,	give commingling order number:				
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
Designate Type of Comple		X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
3/22/67	5/ 26/67	7775	7710,			
Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay	Tubing Depth			
6689 Gr.	Blanco Mesaverde	4958	7430			
Perforations			Depth Casing Shoe			
4958-5270	TUBING CASING AND	CEMENTING DECORD	7774			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
12-1/4	8-5/8	408	200 φ			
6-3/4	4-1/2	7774	1st stage 450 sx			
			2nd stage 275 sx			
	2-3/8	7430				
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-			
OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)				
Date First New Oil Run 10 Idnks	Date of Test	Producting Matrice (1 10m, pamp, ge				
Length of Test	Tubing Pressure	Casing Pressure	'Choke Size			
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gds-MCF			
	and the second s		<u> </u>			
GAS WELL		Dila da la companio	10			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
3431 Testing Method (pit: t, back pr.)	3 hrs Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size			
Back Pr.	Pkr	1092	3/4			
		1	VATION COMMISSION			
I. CERTIFICATE OF COMPLIA	ereby certify that the rules and regulations of the Oil Conservation		11			
I hereby certify that the rules an			APPROVED			
Commission have been complied with and that the information given		By Original Signed by Emery C Arnold				
above is true and complete to	the best of my knowledge and belief.	TITLE SUPERVISOR DIST. #3				
	101		This form is to be filed in compliance with RULE 1104.			
Mr. K Than		If this is a request for allowable for a newly drilled or despened 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				
M. K. Wagner Osi	gnature)					
·	Title)					
June 20, 1967	Date					
•	'Date'					
		completed wells.	ď			

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	NO. OF TOPIES RECEIVED 1.5	٦				1	
	DISTRIBUTION				1	·. *	
	SANTA FE /		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104()	
	FILE /	REGUESI	AND	•	Superseaes Effective 1	Old C-104 and C-11 -1-65	
	U.S.G.S.	AUTHORIZATION TO TR		MATUDAL	^^6	(J	
	LAND OFFICE	ASTRICKTEATION TO TR	ANSFORT OIL AND	NATURAL ()A3 💟	•	
	TRANSPORTER OIL /		•		A SOF		
	GAS /		· · · · · · ·		/ofl'l-l		
	OPERATOR /				/ NLULI	K+V/	
٦,	PRORATION OFFICE					LU	
	Operator			•	JUN22	967	
	Tenneco Oil Com	pany			1011	30/	
		Dumanas Calamada			OIL OON.	COM.	
	Reason(s) for filing (Check proper box	Durango, Colorado			DIST.		
	New Well		Other (Pleas	e explain)			
	Recompletion	Change in Transporter of: Oil Dry G	Fffe	ctive Fir	st Delivery.		
	Change in Ownership	Oil Dry G Casinghead Gas Conde	= 1	CCIVC 141	st belivery.	4	
		Conde	madra				
	change of ownership give name						
II.	DESCRIPTION OF WELL AND		i				
	Lease Name Jicarilla "C"	Well No. Pool Name, Including F 7 Basin Dakota		Kind of Lease		Legse No.	
	Location	/ Basin Dakota		State, Federa	lor Fee Fed	Jicarilla	
	м 5	05 Feet From The South Lin	1070		_ West		
	Unit Letter;;	Feet From TheLin	ne and	Feet From 7			
	Line of Section 13	waship 26N Range 5	W NMPM	Rio	Arriba	County	
				<u>. </u>			
III.		TER OF OIL AND NATURAL GA					
	Name of Authorized Transporter of Oil		Address (Give address	to which approv	ed copy of this form	is to be sent)	
	Rock Island Oil an		P. O. Box 32	<mark>8, Farmin</mark>	gton, New Mea	(,20	
	Name of Authorized Transporter of Ca		Address (Give address		,		
	El Paso Natural Ga	S Company Unit Sec. Twp. Rge.	P. O. Box 99	O, Farmin	gton, New Me.	.1co	
	If well produces oil or liquids, give location of tanks.		<u> </u>	•	•		
			No No		On Approval		
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA							
		Oll Well Gas Well	New Well Workover	Deepen	Plug Back Same I	Restv. Diff. Restv.	
	Designate Type of Completic	X	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	3/22/67	6/7/67	7775 T	D	77		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth 7430		
	6689 Gr. Basin Dakota		7486		Depth Casing Shoe		
	7486-7682					1	
7486-7682 TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS	EMENT	
	12-1/4	8-5/8			200		
	6-3/4	4-1/2	7774		1st stage 450 sx		
					2nd stage 2		
		2-3/8	7430				
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 a able for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	-	t. etc.)		
					,	1	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
		·			•	ā,)	
	Actual Prod. During Test	Oil-Bbis.	Water - Bble.	is menumas pilas militar	Gas-MCF	6	
					<u> </u>	•	
	CAC MICK Y		grand of the second	e participation of the control of th	1	o	
	Actual Prod. Test-MCF/D	Length of Test	Bble, Condensate/MMCI	·	Gravity of Condense	ite	
	4132	3 hrs		i.			
	Testing Method (pitot, back pr.)	Tubyng Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size	0	
	Back Pr.	2413	Pkr		3/4		
VI.	CERTIFICATE OF COMPLIANCE	• • • • • • • • • • • • • • • • • • •		ONSERVA	TION COMMISSI	ON	
	CENTER OF COME MINIOR				1 2 1967		
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	- OOL	1 1001	_, 19	
	Commission have been complied wabove is true and complete to the	e Original Sign	e Original Signed by Emery C. Arnold				
						- !	
	A CONTRACTOR OF THE PROPERTY O	and the second s	SUPERVISOR DIST.				

TITLE _

(Title)

(Date)

June 20, 1967

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.

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

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