

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

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	GAS	
OPERATOR		
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I. Operator
Tenneco Oil Company
Address
Suite 1200 Lincoln Tower Bldg., Denver, Colorado 80203
Reason(s) for filing (Check proper box) Other (Please explain)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

SF 078062

Lease Name Canyon	Well No. 4	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter M ; 900 Feet From The South Line and 900 Feet From The West Line of Section 5 Township 25N Range 11W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Thriftway	2011 E. Main Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Not Dedicated						
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 5	Twp. 25	Rge. 11	Is gas actually connected? No	When Upon Dedication

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 11/11/73	Date Compl. Ready to Prod. 12/14/73		Total Depth 5890'		P.B.T.D. 5856'			
Elevations (DF, RKB, RT, GR, etc.) 6231.0' GR	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay		Tubing Depth 5691'			
Perforations 5800' - 5808'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		627'		350 sx Cl "A" + 2% CaCh			
7-7/8"	5-1/2"		5890'		Stage 1: 340 sx Cl "A"			
					+ 2% lowdense followed by 100 sx latex. Stage 2: 275 sx Cl "A" + 2%			
					lowdense followed by 50 sx neat.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of total oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

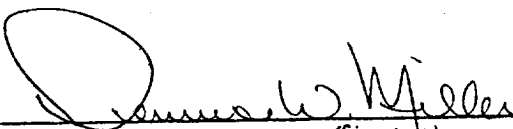
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 700	Length of Test 24	Bbls. Condensate / MCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (shut-in) 1840	Casing Pressure (shut-in) 1850	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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)
Production Clerk
(Title)
12/31/73
(Date)

OIL CONSERVATION COMMISSION
JAN 17 1974, 19____
APPROVED
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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 recompleted wells.