HO. OF COPIES RECE	Į		
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	
INANSPORTER	GAS		
		Ι ' '	

Ī	DISTRIBUTION	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104					
1	SANTA FE	REQUEST FOR ALLOWABLE  AND  REQUEST FOR ALLOWABLE  Supersedes Old C-104  Effective 1-1-65					
1	FILE						
l	U.S.G.S.	AUTHORIZATION TO TRAI		TURAL GAS			
ŀ	LAND OFFICE	AUTHORIZATION TO TRA	HOLOKT OIL AND IN	TOTAL ON			
ł	OIL						
	TRANSPORTER GAS						
ı							
	OPERATOR						
1.	PRORATION OFFICE	<u></u>		:			
	Operator Odd Comm						
	Tenneco Oil Comp	any					
	Address				-		
	P. O. Box 3249,						
1	Reason(s) for filing (Check proper box)		Other (Please e	rp(ain)			
	New Well	Change in Transporter of:	_				
1	Recompletion	Oil Dry Gas	s <u>L</u>				
	Change in Ownership	Casinghead Gas Condensate					
ļ							
	If change of ownership give name						
	and address of previous owner						
	DESCRIPTION OF WELL AND	FACE					
ш.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation k	ind of Lease	Lease No.		
	State	State Federal of Fee at 1 T C 2573					
	Location	TO TE DUSTIL DUNOCU			30000 20 100		
		- · · ·	1050	<del>_</del> .	Fact 1		
	Unit Letter P; 1110	Feet From The South Line	e and <u>1050                                   </u>	Feet From The	1450		
		0.51		C T	6		
	Line of Section 16 Township 26N Range 8W , NMPM, San Juan County						
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	<u>s</u>		y of this form is to be sent)		
	Name of Authorized Transporter of Oil	or Condensate X	Andress (Give address to	which approved copy	y b) this join is to be sent)		
	Conoco		Box 460, Hobbs	New Mexico	88240		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to	which approved copy	y of this form is to be sent)		
	El Paso Natural Gas		Box 990, Farmir	gton, New Me	exico 87401		
		Unit Sec. Twp. P.ge.	is gas actually connected				
	If well produces oil or liquids, give location of tanks.	P 16 26N 8W	No	. ASA	AP I		
	·	<u> </u>		<del></del>			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order	lumber:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Flug	Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	νn (X)	X	1 1	1		
		Date Compl. Ready to Prod.	Total Depth	P.B.7	T.D.		
	Date Spudded	Date Compi. Heady to Prod.	-				
	3/27/81	5/28/81	6973'		6920 '		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fermation	Top Cil/Gas Pay	IUEIF	ng Depth		
	6564' gr.	Dakota	6672'		6688'		
	Perforations			Depth	n Casing Shoe		
	6672-74', 6736-38', 6746-52', 6756-60', 6810-14', 6830-45'						
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE CASING & TUBING SIZE DE			r	SACKS CEMENT		
	12-1/4"	9-5/8" 36#	322'	225	sx		
	8-3/4"	7" 23#	5020'	lst	: 400sx, 2nd: 598sx		
		4-1/2" 10.5#	6973 1		sx		
	6-1/4"			<u> </u>	3/		
		2-3/8"	1 6688'		as he could so as assessed top allows		
V.	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 allow able for this depth or be for full 24 hours)						
	OII. WELL						
	Date First New Cit Aut 10 1 miles						
					16120		
	Length of Test	Tubing Pressure	Casing Pressure				
				E C-4	WG		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	UNIS 1581	/		
				JUNE !	y		
	- con com						
	GAS WELL	1,1	The state of the s				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Cray	y of Condensate		
		3 hrs					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Chok	se Size		
		1		1	3/4"		
	Back Pressure	1340 PSI	420 PSI				
VI.	CERTIFICATE OF COMPLIAN	CERTIFICATE OF COMPLIANCE					
				. 19			
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.			APPROVED	ned by FRANK T.			
			BY	SHEA DA LEVANA I.	CIS/LY hale		
				NISOR DISTRILA +			
			TITLE				
			11	he filed in come!	iance with RULE 1104.		
	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or d well, this form must be accompanied by a tabulation of the d tests taken on the well in accordance with RULE 111.			to a newly drilled or deepened			
Asst. Division Administrative Manager Al able of			All sections of	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
			II able on new and red				
	May 25, 1901			Office agen annual an annual			
	Separate Forms C-104 must be filed for each poor in the				ined for each boot to marriply		
			Annatared matte				