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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	2
PRODUCTION OFFICE	

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

Form C-104  
Supersedes Old C-103 and C-110  
Effective 1-1-66

I. COMPANY

Tenneco Oil Company

Address  
P. O. Box 1714, Durango, Colorado 81301

Reasons for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	Effective first delivery
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name	Bolack "B"	Well No.	5	Pool Name, including Formation	Basin Dk.	Kind of Lease	State, Federal or Fee	Fed.
Location	Unit Letter J ; 1850 Feet From The South Line and 1625 Feet From The East							
Line or Section	31	Township	27N	Range	8W	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)					
Permian						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas	P. O. Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When.
	J	31	27	8	No	On Approval

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.	Ent. Res'v.
		X	X					
Date Spud	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8/2/66	10/9/66	6635	6613					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Dakota	Dakota	6501	6581					
Perforations	6501-6606, 6418-6558 Dakota					Depth Casing Shoe		
						6635		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		409		200 sx			
7-7/8	4-1/2		6635		785 sx			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
5355	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back pr.	348	932	3/4

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.

G. A. Ford  
Senior Production Clerk  
(Title)

March 28, 1967  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 30 1967, 19

BY Original Signed by Emory C. Arnold

TITLE SUPERVISOR FIELD

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 Sections I, II, III, and VI only 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 completed wells.