| | | - | | ı | | |
|------------|--|--|---|---|--|--|
| | SAN'A FL. / FILE // U.S.G.S. LAND OFFICE | REQUEST | O'ISERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL | Norm C-104 Supersedes Old G-104 and C-11 Effective 1-1-65 | | |
| 1. | IRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE | | | RECEIVE D | | |
| | Tenneco Oil Company Andress P. O. Box 1714, Durango, Colorado 81301 Reason(s) for filing (Check proper box) Other (Please explain) | | | | | |
| | New Well Fiecempletien Thanae in Ownership | Change in Transporter of: Oil Dry Ga Casinghead Gas Conden | Beffective fir | st delivery | | |
| | If change of ownership give name and address of previous owner | | | | | |
| и. | DESCRIPTION OF WELL AND Legina Noise Dawson Federal | Well No. Pool Nor | me, Including Formation nco Mesaverde | Kind of Leane State, Federal or Fee Federal | | |
| | | 5 Feet From The North Lin | e and 1150 Feet From | | | |
| 111. | Name of Authorized Transporter of Oil Inland, Inc. Name of Authorized Transporter of Cas | Inghead Gas or Dry Gas 📉 | Address (Give address to which appropriate P. O. Box 1528, Farmi Address (Give address to which appropriate P. O. Box 990, Farmin | ngton, New Mexico oved copy of this form is to be sent) | | |
| | El Paso Natural G If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. D 26 27 8 | | On Approval | | |
| | If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA | | | | | |
| | Designate Type of Completion | n - (X) Oll Well Gas Well | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. | | |
| | Date Spud led 10/10/66 | Date Compl. Ready to Prod. 1/3/67 | Total Depth 6739 | P.B.T.D. 6692 Tubing Depth | | |
| | Blanco Mesaverde | Name of Producing Formation Blanco Mesaverde | Top Oil/Gas Pay 4446 Mesaverde | 6501 Depth Casing Shoe | | |
| | 4546-4446 Mesaverde 6739 | | | | | |
| | UOL 5 0175 | TUBING, CASING, AND CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | HOLE SIZE 12-1/4 | 8-5/8 | 410 | 250 sx | | |
| | 7-7/8 | 4-1/2 | 6739 | 3 stages, 495 sx | | |
| | | 2-3/8 | 6501 | | | |
| 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 | | | | | |
| | Olf, WELL Date First New Oil Run To Tanks | . able for this de | pth or be for full 24 hours) Producing Method (Flow, pump, gas l | ift, etc.) | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| | | OU Phis | Water-Bbis. | Gas-MCF | | |
| | Actual Prod. During Test | Oil-Bbls. | | lon, com. com. / | | |
| | GAS WELL | · | | Dist. 3 | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | |

GAS WELL

Actual Prod. Test-MCF/D

3459

3 hours

Testing Method (pitot, back pr.)

AOF Back pr.

252

Bbls. Condensate/MMCF

Gravity of Condensate

Cosing Pressure

Casing Pressure

Packer

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 pagknowledge and belief.

| L. | 1. January |
|-----|-----------------------|
| G. | A. Fordnature) |
| Sen | nior Production Clerk |

(Title)
March 28, 1967

(Date —

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.

OIL CONSERVATION COMMISSION

MAR 28

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.

Separat is C-104 must be filed for each pool insultiply completed w

ON SOLUTION

| | | € % ′ | | |
|--|--|--|---|--|
| NO. OF COPIES RECEIVED | | ့် ခို | | |
| SANTA FE / | NEW MEXICO OIL | CONSERVATION COMMISSION | Form C-104 | |
| FILE | REQUEST | T FOR ALLOWABLE | Supersedes Old C-104 and C- | |
| U.S.G.S. | AUTUODIZATION TO TO | AND E | Effective 1-1-65 | |
| LAND OFFICE | AUTHORIZATION TO TR | RANSPORT OP AND NATURAL | L. GAS | |
| TRANSPORTER OIL / | | HAIN 7 APR | | |
| OPERATOR | | . 29 | DECEIVER | |
| I. PRORATION OFFICE | | | | |
| Operator Tenneco Oil Comp | OCT 21 1991 | | | |
| Address | | OIL CON. DIV. | | |
| P. O. Box 1714. Reason(s) for filing (Check proper | Durango, Colorado 81301 | Other (Please explain) | DIST. 3 | |
| New Well | Change in Transporter of: | oner (rease explain) | | |
| Recompletion | Oil Dry G | Gas Effective f | irst delivery | |
| Change in Ownership | Casinghead Gas Conde | ensate 🗌 | | |
| If change of ownership give name and address of previous owner | | | | |
| _ | | | | |
| II. DESCRIPTION OF WELL AN | | ame, Including Formation | Kind of Lease | |
| Dawson Federal | 1 B | Basin Dakota | State, Federal or Fee Federal | |
| Location | | | | |
| Unit Letter D ; | Feet From The North Li | ne and 1150 Feet Fro | m The West | |
| Line of Section 26 | Township 27N Range | 8W , NMPM, | San Juan County | |
| | Z/X | , I viet ivi, | San Juan County | |
| III. DESIGNATION OF TRANSPO | ORTER OF OIL AND NATURAL GA | AS | | |
| Name of Authorized Transporter of | Oil or Condensate K | | proved copy of this form is to be sent) | |
| Inland, Inc. Name of Authorized Transporter of | Casinghead Gas or Dry Gas X | P. O. Box 1528, Farmi | oroved copy of this form is to be sent) | |
| El Paso Natural (| | P. O. Box 990, FArmin | · · · · · · · · · · · · · · · · · · · | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | | When 7 | |
| give location of tanks. | D 26 27 8 | No | On Approval | |
| | with that from any other lease or pool, | give commingling order number: | | |
| IV. COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty, Diff. Resty, | |
| Designate Type of Comple | etion = (X) | x | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| 10/10/66 | 1/3/67 | 6739 | 6692 | |
| Elevations (DF, RKB, RT, GR, etc. 5989 Gr. | Name of Producing Formation Basin Dakota | Top Oil/Gas Pay 6538 Dakota | Tubing Depth (6501 | |
| Perforations | Dasin Darota | 0336 Dakota | Depth Casing Shoe | |
| 6676-6538 Dakota | | | 6739 | |
| | TUBING, CASING, AN | D CEMENTING RECORD | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| 12-1/4 | 8-5/8 4-1/2 | 410 | 250 sx | |
| , . | 4-1/2 | 6739 | 3 stages, 495 sx | |
| | 2-3/8 | 6501 | | |
| V. TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be a | fter recovery of total volume of load o | il and must of one ed top allow- | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | epth or be for full 24 hours) Producing Method (Flow, pump, gas | 1(ft, etc.) | |
| | 250 50 7555 | | WILLIAM TO | |
| Length of Test | Tubing Pressure | Casing Pressure | hok MAR 28 1967 | |
| | | | | |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbis. | DIST. 3 | |
| | | 1 | Dian. 4 | |
| GAS WELL | | | 意识 | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| 1810 Dakota | 3 hours | | | |
| AOF Back pr. | Tubing Pressure 252 | Casing Pressure | Choke Size | |
| | | Packer | ATION COMMISSION | |
| VI. CERTIFICATE OF COMPLIA | I hereby certify that the rules and regulations of the Oil Conservation | | | |
| I hereby certify that the rules an | | | APPROVED MAR 2 8 1967 | |
| Commission have been complied | i with and that the information given the best of my knowledge and belief. | BY | | |
| 20010 In tide and complete to | | | | |
| | | | | |
| | 7-1-1 | This form is 6 be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | |
| Total Ford | Flature) | | | |
| | duction Clerk | | | |
| | Title) | 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, | | |
| March 28, 1 | 967 | | | |
| | DMÉ) | 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. | |