

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

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-110  
Effective 1-1-65

Operator Tenneco Oil Company	
Address P. O. Box 1714, Durango, Colorado	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Request authorization to transport effective first delivery.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

III. DESCRIPTION OF WELL AND LEASE

Lease Name Johnston A	Lease No. 1	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter P, 890 Feet From The South Line and 790 Feet From The East Line of Section 17 Township 28 N Range 9 W, NMPM, San Juan County				

IV. 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)
McWood Corporation	P. O. Box 1702, Farmington, New Mexico
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 Company	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
P 17 28N 9W	No On Approval

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Drif. Rest'v.
		X	X					
Date Spudded 11/20/65	Date Compl. Ready to Prod. 12/6/65	Total Depth 7123	P.B.T.D. 7123					
Elevations (DF, RKB, RT, GR, etc.) 6274 Gr.	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7013	Tubing Depth 7100 2 3/8"					
Perforations 7013 - 7078			Depth Casing Shoe 7123					
TUBING, CASING, AND CEMENTING RECCRD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	10 3/4	255	150 sx					
7 7/8	7 5/8	2686	375 sx					
6 3/4	4 1/2	7123	350 sx 1st stage					
	2 3/8 tbg.	7100	275 sx 2nd stage					

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D 8468	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gross bbl Condensate 21966
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 458	Casing Pressure 1068	Choke Size 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.

*Harold C. Nichols*

(Signature)

Senior Production Clerk

(Title)

June 21, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 22 1966, 19

BY Original Signed by A. R. Kendrick

TITLE PETROLEUM ENGINEER DIST NO. 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 completed wells.