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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION 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-
Effective 1-1-83

I. OPERATOR
 Operator: TENNECO OIL COMPANY
 Address: BOX 3249, ENGLEWOOD, CO 80155

Reason(s) for filing (check proper box)
 New Well ☐ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State Com D</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee	State <u>E3148</u>	Lease No. <u>E7592</u>
Location Unit Letter <u>F</u> ; <u>1910</u> Feet From The <u>North</u> Line and <u>1545</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>27N</u> Range <u>8W</u> , <u>NMPM</u> , <u>San Juan</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>GIANT REFINING CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 256, FARMINGTON, NM 87401</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>32</u> Twp. <u>27N</u> Rge. <u>8W</u>	Is gas actually connected? <u>YES</u> When _____

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	Recover	Deepen	Plug Back	Same Prod.	Drill Prod.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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 slice able 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	Chase Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chase 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.

Renise Wilson
 (Signature)
 PRODUCTION ANALYST
 (Title)
 AUGUST 1, 1982
 (Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 16 1982
 Original Signed by FRANK T. CHAVEZ
 BY _____
 TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all able 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 multi-compartments wells.