

| | |
|------------------------|----------------|
| 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

I. Operator
Tenneco Oil Company
Address
P. O. Box 1714, Durango, Colorado 81301
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)
Effective first delivery.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|------------------------|
| Lease Name Bolack "B" | Well No. 6 | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee Fed. | Lease No. SF 079232 |
| Location Unit Letter E ; 2250 Feet From The North Line and 1020 Feet From The West Line of Section 33 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"/> The Permian Corp. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas | Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 33 | Twp. 27N | Rge. 8W | Is gas actually connected? No | When 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. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 4/25/67 | Date Compl. Ready to Prod. 6/14/67 | | Total Depth 7300 | | P.B.T.D. 7297 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6728 Gr. | Name of Producing Formation Dakota | | Top Oil/Gas Pay 7059 | | Tubing Depth 6860 | | | |
| Perforations 7059-7270 | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 15 | 10-3/4 | | 566 | | 400 sx | | | |
| 9-7/8 | 7-5/8 | | 2814 | | 330 sx | | | |
| 6-3/4 | 4-1/2 | | 7020 | | 100 sx 2nd stage | | | |
| | 2-3/8 | | 6860 | | | | | |

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 2023 | Length of Test 3 hrs. | Bbls. Condensate/MMCF - | Gravity of Condensate |
| Testing Method (pitot, back pr.) Back Pr. | Tubing Pressure (Shut-in) 1836 | Casing Pressure (Shut-in) 1851 | 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.

M. K. Wagner
M. K. Wagner (Signature)

(Title)

July 20, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 24 1967
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3
TITLE

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.