

CURRENT RECORDS:

CHANGE TO:

Basin Dakota Pool

Allen Dakota Gas Unit A #1	D-1-29-12	Allan A #1	
Bassett Gas Unit #1	D-33-30-10	Bassett Com #1	C-104 Required
W.O. Berger USA #2	D-23-26-11	Berger #2	
W.O. Berger USA #3	I-22-26-11	Berger #3	
W.O. Berger USA #4	C-22-26-11	Berger #4	
W.O. Berger USA #5	O-14-26-11	Berger #5	
Berger, W.O. Gas Unit A #1	J-21-26-11	Berger A #1	
Tom Bolack Gas Unit A #1	B-2-27-11	Bolack A #1	
Caldwell Gas Unit A #1	J-27-26-11	Caldwell A #1	
Glenn H. Callow Gas Unit A #1	D-27-29-13	Callow A #1	
Coldiron Dakota Gas Unit A #1	K-2-30-11	Coldiron Com A #1	C-104 Required
Cornell Dakota Gas Unit A #1	D-10-29-12	Cornell A #1	
Cornell Dakota Gas Unit B #1	D-14-29-12	Cornell B #1	
Cornell Dakota Gas Unit C #1	D-11-29-12	Cornell C #1	
Cornell Dakota Gas Unit D #1	O-12-29-12	Cornell D #1	
Cornell Dakota Gas Unit E #1	M-12-29-12	Cornell E #1	
Dudley Cornell A USA #1	O-1-29-12	Dudley Cornell A #1	
Marquis G. Eaton Gas Unit A #1	P-25-29-11	Eaton A #1	
Foster, T.J. USA #2	D-18-26-7	Foster #2	
Bernard R. Gerard Unit A #1	E-21-29-13	Gerard A #1	
R.P. Hargrave #1	C-4-27-10	Hargrave #1	
R.E. McKenzie Gas Unit A #1	A-9-30-12	McKenzie A #1	
R.E. McKenzie Gas Unit B #1	K-9-30-12	McKenzie B #1	
R.E. McKenzie Gas Unit C #1	B-20-30-12	McKenzie C #1	
Elvin J. Payne Gas Unit A #1	C-19-29-10	Payne A #1	
Riddle H.K. GU A #1	A-9-27-9	Riddle A #1	
San Juan Gravel Dakota Gas Unit A #1	P-21-29-13	San Juan Gravel A #1	
Scott Dakota Gas Unit A #1	F-28-28-13	Scott A #1	
Sullivan Gas Unit A #1	C-25-29-11	Sullivan A #1	
Sullivan Frame Gas Unit A #1	D-30-29-10	Sullivan Frame A #1	
USA Glenn H. Callow #8	O-27-29-13	Callow #3	
USA Glenn H. Callow #9	I-28-29-13	Callow #9	
USA Glenn H. Callow #11	F-28-29-13	Callow #11	
USA Glenn H. Callow #12	C-33-29-13	Callow #12	
USA Clyde B. Gartner #1	D-27-26-11	Gartner #1	
J.M. Valdez Gas Unit A #1	I-24-29-11	Valdez A #1	
Watson, H.O. #1	G-22-27-12	Watson #1	
Watson, H.O. #2	E-22-27-12	Watson #2	
Watson, H.O. B #1	A-21-27-12	Watson B #1	

South Blanco Pictured Cliffs Pool

H.K. Riddle Unit 2 #1	B-9-27-9	Riddle 2 #1
Sullivan, R. Bruce Unit #1	I-9-27-9	Bruce Sullivan #1

Blanco Mesaverde Pool

Blanco State Unit I #1	G-2-30-11	Blanco Com I #1	C-104 Required
Blanco State Unit II #1	K-2-30-11	Blanco Com 2 #1	C-104 Required
Jackson, Helen #1	A-34-29-9	Helen Jackson #1	
H.K. Riddle Dakota Gas Unit A #1	A-9-27-9	Riddle A #1	
State #1	M-32-30-9	State Com #1	C-104 Required
State #2	M-16-30-9	State Com A #2	C-104 Required
State #3	A-16-30-9	State Com B #3	C-104 Required
State #4	N-32-29-9	State Com C #4	C-104 Required

cc: OCC, Santa Fe
 U.S.G.S., Farmington
 File
 Supervisor
 Operator
 El Paso Nat'l Gas (2)
 McWood Corporation
 Southern Union Gas Co.
 Southern Union Gathering Co
 Four Corners Pipeline
 LaMar Trucking Co.
 Plateau, Inc.

APPROVED

Effective 12-1-65

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LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	
PRODUCTION OFFICE	

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Form C-104 and C-104a
Effective 1-1-73

I. Operator
TENNECO OIL COMPANY
Address
Suite 1200 Lincoln Tower Bldg., Denver, Colorado 80203
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

080168-A

Lease Name Watson, H. O.	Well No. 1	Pool Name, Including Formation Dakota	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter G ; 1850 Feet From The North Line and 1850' Feet From The East Line of Section 22 Township 27N Range 12W, 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"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) Box. 1528 Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EPDC Co.	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit G Sec. 22 Twp. 27 Rge. 12	Is gas actually connected? 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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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 allowable for this depth or be for full 24 hours)

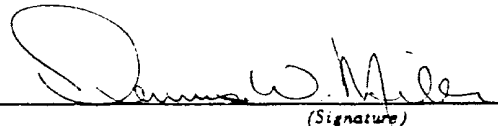
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke 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.


(Signature)
Production Clerk
(Title)
October 12, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 15 1973, 19

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 080168-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Watson

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 22, T27N, R12W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Tenneco Oil Company

3. ADDRESS OF OPERATOR
1860 Lincoln St., Suite 1200, Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1850' FNL and 1850' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5853' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☒(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

6/18/76 Acidized w/1000 gals mud acid and swabbed dry.
Formation would not recover sufficiently to produce fluids.
Production before: 0
Production after: 0
Plan to allow press. build-up for 2-3 weeks and swab.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Div. Prod. Manager

DATE

7-2-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side