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	DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION							
	SANTA FE	REQUEST FOR ALLOWABLE			Supersedes Oid Effective 1-1-65					
	FILE / -	AND								
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	OIL /									
	TRANSPORTER GAS	-		API 30	-045-23357					
	OPERATOR 2	4								
	PRORATION OFFICE	-								
R.	Operator									
	Tenneco Oil Company									
	Address									
	720 So. Colorado Blvd., Denver, Colorado 80222									
	Reason(s) for filing (Check proper box	box) Other (Please explain)								
	New Well	Change in Transporter of:								
	Recompletion	Oil Dry G	as 🔲							
	Change in Ownership	Casinghead Gas Conde	nsate							
	If change of ownership give name									
	and address of previous owner									
II.	DESCRIPTION OF WELL AND	LEASE			*NM	03549				
	Lease Name	Well No. Pool Name, Including F		d of Lease		Lease No.				
	Bolack	2 Dakota	Sta	te, Federal or Fe	* Federal	*				
	Location									
	Unit Letter G : 2430 Feet From The North Line and 1650 Feet From The East									
	10	20 N	. 11	^ 1						
	Line of Section 19 Total	wnship 28-N Range 8	-W , NMPM,	<u>San Juan</u>		County				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS							
	Name of Authorized Transporter of Oll		Address (Give address to wi	rich approved co	py of this form is to	be sent)				
	Permian, Corp.		1700 Broadway,							
	Name of Authorized Transporter of Cas		Address (Give address to wi	tich approved co	py of this form is to	be sent)				
	El Paso Natural Gas Co. Box 990, Farmington, New Mexico 87401									
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When						
	give location of tanks.	G 19 28-N 8-W	No	: ASAF)					
	If this production is commingled wi	th that from any other lease or pool,	give commingling order nur	nber:						
IV.	COMPLETION DATA					Tayre a				
	Designate Type of Completic	Oil Well Gas Well	New Well Workover [Deepen Pluq	Back Same Res!	v. Diff. Res				
	, , , ,		X ! !							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	į.	T.D.					
	11/27/78	4/19/79	6717'		<u>'00'</u>					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	ı	ing Depth					
	5838' GR	Dakota	6525'		67 th Casing Shoe					
	Perforations 25 holos from 2525! 65	EDI. 22 halaa faan 6500	1 66601	Dep	Quanty Snow					
	25 holes from 2525'-6550'; 22 holes from 6593'-6662' TUBING, CASING, AND CEMENTING RECORD									
			SACKS CEM	FNT						
IV.	HOLE SIZE	CASING & TUBING SIZE 9 5/8"	281 '		250					
	13 3/4" 8 3/4"	9 3/8	6714'		1350					
	8 3/4"	2 3/8"	6561'		1330					
	0 3/ +	2 3/0	0301							
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 allo									
,	OIL WELL able for this depth or be for full 24 hours)									
	Date First New Oil Run To Tanks	Date of Test	Producing Method (r tow, pu	mp, gas iiji, eic.	,					
			Coolea Passaura	TCL	Choke Size					
	Length of Test	Tubing Pressure	Casing Pressure	Cno	1	3				
		Loui Phia	Water - Bbls.	Ga	NCT 1					
	Actual Prod. During Test	Oil-Bbls.	Adret . DDIE.	"7	all Property	19				
			<u> </u>		Branch Col	-				
	GAS WELL			† ;	Why 3	100 x				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gra	etty of Condensate	. ⁵ /				
	2301	3 hrs			Oir Die,					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Cho	ke Siz					
	back prossure	2100	2100		3/4"					

back pressure 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.

2100

Markey	Vatters	
- Constant	(Signature)	
Administrativ	e Supervisor	
5/28	179 (Title)	
	(Date)	

OIL CONSERVATION COMMISSION

2100

APPROVED	MAY	2	9	197	ع ع	19
Original	Signed	рy	Α.	ĸ.	Kenurick	
• · 	PERVISOR DI	- 5-6	7 🖫	ŕ		

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepend 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 allo-able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multip