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TRANSPORTER	OIL / GAS /
OPERATOR	2
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-55

30-045-23967

I. OPERATOR

Operator: Tenneco Oil Company

Address: 720 So. Colorado Blvd., Denver, CO 80222

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE * SF 078499

Lease Name <u>Tapp</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>FED</u>	Lease * <u>*</u>
Location				
Unit Letter <u>M</u>	<u>1045</u>	Feet From The <u>South</u>	Line and <u>790</u>	Feet From The <u>West</u>
Line of Section <u>15</u>	Township <u>28N</u>	Range <u>8W</u>	, NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>GIANT REFINING</u>	<u>Box 256, Farmington, NM 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS</u>	<u>Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>15</u> Twp. <u>28N</u> Rge. <u>8W</u> Is gas actually connected? <u>no</u> When <u>ASAP</u>

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 Restv.	Diff. Res.
		<u>X</u>	<u>X</u>					
Date Spudded <u>1/25/80</u>	Date Compl. Ready to Prod. <u>2/15/80</u>	Total Depth <u>6860'</u>		P.B.T.D. <u>6586'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>5870' GL</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>6612</u>		Tubing Depth <u>6619</u>				
Perforations <u>6612 - 6844</u>						Depth Casing Shoe		

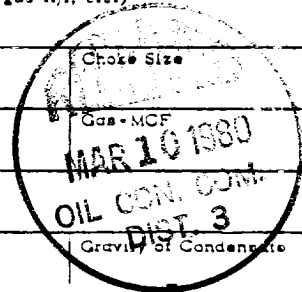
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>9 5/8</u>	<u>233</u>	<u>225</u>
<u>8 3/4</u>	<u>7"</u>	<u>3301</u>	<u>710</u>
<u>6 1/4</u>	<u>4 1/2</u>	<u>6858</u>	<u>360</u>
	<u>2 3/8 (tubg)</u>	<u>6601</u>	<u>-</u>

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 oil 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D <u>AOF = 2793</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>back pressure</u>	Tubing Pressure (shut-in) <u>2100</u>	Casing Pressure (shut-in) <u>2100</u>	Choke Size <u>3/4"</u>



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.

Charley Statton
(Signature)
Administrative Supervisor
(Title)
3/7/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 10 1980, 19__

BY Original Signed by FRANK T. CHAVEZ

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 deeper 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 own well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-comparted wells.