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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE			AND	/		Effective 1-1-65		
	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	TRANSPORTER OIL	1							
	GAS GAS								
	OPERATOR								
1.	PRORATION OFFICE								
	Operator							ł	
	Tenneco Oil Company	У				<u> </u>			
	Address								
	P. O. Box 3249, Englewood, CO 80155								
	Reason(s) for filing (Check proper box)			Other (Please explain)					
	New Well	Change in T	ransporter of:					İ	
	Recompletion	Oil	Dry Ga:	s 📙				1	
	Change in Ownership	Casinghead	Gas Conden	sate					
	If change of ownership give name and address of previous owner								
	•								
11.	DESCRIPTION OF WELL AND I	LEASE				Kind of Lease	Lease	- \\-	
	Lease Name	Well No. P	ool Name, Including Fo	ormation		State, Federal	F		
	Gooch	2E	Basin Dakot	a		State, rederal	NM D3549		
	Location							İ	
	Unit Letter C ; 1100	Feet From	The North Lin	e and18	300	_ Feet From T	heWest		
								ĺ	
	Line of Section 29 Tow	mship 28N	Range	8W	, NMPM,	San	Juan Co	ounty	
		-							
III.	DESIGNATION OF TRANSPORT	ER OF OIL A	ND NATURAL GA	<u>s</u>				 ,	
	Name of Authorized Transporter of Oil	or Cond	der.sate 🔀	Address (Give address t	o which approt	ed copy of this form is to be sent	/	
	Conoco			Box 460, Hobbs, New Mexico 88240					
	Name of Authorized Transporter of Cas	inghead Gas	or Dry Gas 🔀	Address (Give address to which approved copy of this form is to be sent))	
	El Paso Natural Gas		_		90, Farmi	ngton, No	ew Mexico 87401		
	If well produces oil or liquids,	Unit Sec.	Twp. Rge.	ls gas act	ually connecte	d? Whe	hen		
	give location of tanks.	C : 29	28N 8W	No		i	ASAP		
	If this production is commingled wit	h that from any	other lease or pool.	give comm	ingling order	number:			
IV	COMPLETION DATA	ii tilet irom emy	00,000 ,00000 or proof,						
			Well Gas Well	New Well	Workever	Deeper.	Flug Back Same Resty. Diff.	Res'v.	
	Designate Type of Completio	n = (X)	X	X		1	1		
	Date Spudded	Date Compl. Rec	rdy to Prod.	Total Dep	th		P.B.T.D.		
	9/24/81	10/29	9/81		7622		7617'		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Product	ng Formation	Top CH/C	as Pay		Tuking Depth		
	5870' gr.	Dakot	ta	į į	5570 1		6640 '		
	Perforations	<u> </u>					Depth Casing Shoe		
	6570-6584', 6642-52', 6	665-731. 66	683-90'. 6704-	-08 Da	kota		-		
	0370 0304 7 0042 32 7 0	TU	BING, CASING, AND	CEMENT	ING RECOR	D			
	HOLE SIZE CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
	12-1/4"	9-5/8"	36.#		292'		300		
	8-3/4"	7"	23#		2749'		450		
	6-1/4"	4-1/2"			6722		420		
	0-1/4	4-1/2	2-3/8	311		6640'	T		
	The same of the sa	D ALLOWAR			v of total volu			p allow-	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)									
	OIL WELL Date First New Oil Run To Tanks	Date of Teet		Producing	Method (Flou	, pump, gas lij	i, etc./		
							1 11 Company		
	Length of Test	Tubing Pressure	······································	Casing P	•####		Cheke-Size		
	Zeng o. 1000					i	6 = 1981		
	Actual Prod. During Test	Oil-Bble.		Water - Bb	is.		GG-NGON. COM.		
	Meridia Lines Paymid 1 ag.						DIST 3		
<u></u>									
	0.40 MIDT -								
	GAS WELL	Length of Test		Bbis. Cor	denegte/MMC		Gravity of Condengate		
	Actual Prod. Test-MCF/D	1)	,,,,,,,,,				
	2112	3 hrs	S.	Casina P	essure (Shut	-in)	Choke Size		
	Testing Method (pitot, back pr.)	l .			=		3/4"		
	Back Pressure	1950	PSI	1 20	25 PSI				
VI.	CERTIFICATE OF COMPLIANCE	CE					TION COMMISSION		
						NOV 10	1981 19		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information gives above is true and complete to the best of my knowledge and belief			e Oil Conservation	Original Signed by			<u>0 1981</u> . 19		
	Saundin (Signature) Production Analyst				CHDEDI	ISOR DISTRICT	# 3		
				TITLE SUPERVISOR DISTRICT					
(Title) November 3, 1981				II					
				11 well no	Il wall name or number, or transporter, or other such change or other				
	(Date)				parate Form	s C-104 mus	be filed for each pool in n	nultiply	
				Separate Forms C-104 must be into the service of th					