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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-1  
Effective 1-1-65

**I. OPERATOR**

Operator: Tenneco Oil Company

Address: P. O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box):

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain): \_\_\_\_\_

If change of ownership give name and address of previous owner: \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Bolack</u>	Well No. <u>1E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal SF</u>	Lease No. <u>080112</u>
Location Unit Letter <u>I</u> ; <u>1715</u> Feet From The <u>South</u> Line and <u>1115</u> Feet From The <u>East</u>				
Line of Section <u>29</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>Conoco</u>	<u>Box 460, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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, New Mexico 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When.
Unit <u>I</u> Sec. <u>29</u> Twp. <u>28N</u> Rge. <u>8W</u>	<u>No</u> <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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded <u>10/11/81</u>	Date Compl. Ready to Prod. <u>11/23/81</u>	Total Depth <u>6765'</u>		P.B.T.D. <u>6759'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>5901' gr.</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>6606'</u>		Tubing Depth				
Perforations <u>6606-15', 6670-75', 6686-93', 6705-10', 6722-30', 6738-44' Dakota</u>		Depth Casing Shoe						
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>36#</u>	<u>293'</u>		<u>250</u>			
<u>8-3/4"</u>	<u>7"</u>	<u>23#</u>	<u>2820'</u>		<u>475</u>			
<u>6-1/4"</u>	<u>4-1/2"</u>	<u>10.5#</u>	<u>6755'</u>		<u>450</u>			
<u>2-3/8" tbq 6692'</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 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D <u>1791</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>1950 PSI</u>	Casing Pressure (shut-in) <u>1950 PSI</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.

Sandra Peron  
(Signature)  
Production Analyst  
(Title)  
December 1, 1981  
(Date)

OIL CONSERVATION COMMISSION  
**DEC 7 1981**  
APPROVED \_\_\_\_\_  
Original Signed by **FRANK T. CHAVEZ**, 19 \_\_\_\_\_  
BY \_\_\_\_\_  
SUPERVISOR DISTRICT # 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 deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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 condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.