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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-110
Effective 1-1-65

I.

Operator Tenneco Oil Company	
Address 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

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DIST. 9

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Russell	Well No. 3E	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal	Lease No. NM-013860A
Location Unit Letter I ; 1850' Feet From The South Line and 800 Feet From The East Line of Section 25 Township 28N Range 8W , 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"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco	Box 460, Hobbs, NM 88240
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)
El Paso Natural Gas	Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
I 25 28N 8W	No ASAP

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 10/3/82	Date Compl. Ready to Prod. 12/9/82	Total Depth 7225' KB		P.B.T.D. 7210' KB				
Elevations (DF, RKB, RT, GR, etc.) 6208' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6980' KB		Tubing Depth 7063' KB				
Perforations 6980-96' KB, 7064-67' KB, 7099-7105' KB, 7128-34' KB, 7142-44' KB, 7157-58' KB, 7170-74' KB				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8", 36#		310' KB		354 CF			
8-3/4"	7", 23#		3350' KB		604 CF			
6-1/4"	4-1/2", 10.5#, 11.6#		7170-7219' KB		795 CF			
	2-3/8"		7063' KB					

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 1391	Length of Test 3 hrs.	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1540 psi	Casing Pressure (Shut-in) 1650 psi	Choke Size 3/4"

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.

Denise Carlson
(Signature)

Production Analyst

(Title)

December 17, 1982

(Date)

OIL CONSERVATION COMMISSION
1-7-83
APPROVED *JAN*, 19
BY Original Signed by CHARLES JOHNSON
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #

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.