

DISTRIBUTION		
SANTA FE		
FILE		
J.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-111
Effective 1-1-85

I.

Operator Tenneco Oil Company	RECEIVED MAY 02 1984 OIL CON. DIV. DIST. 3
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"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jackson	Well No. 3E	Pool Name, Including Formation Basin Dakota	Kind of Lease USA State, Federal or Fee NM	Lease No. 04202
Location Unit Letter <u>M</u> ; <u>120</u> Feet From The <u>South</u> Line and <u>1240</u> Feet From The <u>West</u> Line of Section <u>10</u> Township <u>28N</u> Range <u>9W</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"/> Conoco Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 10	Twp. 28N	Rge. 9W	Is gas actually connected? NO	When 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 02/25/84	Date Compl. Ready to Prod. 04/ /84	Total Depth 7290' KB	P.B.T.D. 7285' KB					
Elevations (DF, RKB, RT, GR, etc.) 6240' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7080' KB	Tubing Depth 7149' KB					
Perforations 7080-7090, 7142-7146, 7164-7180, 7199-7206, 7224-7226 1 JSPF 39', 39 holes			Depth Casing Shoe ---					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8" 36# K-55 STC, csq		320 KB		250 sx, 250 cf 354			
8-3/4"	7" 23# K-55 STC, csq		3900 KB		650 sx, 1064 cf			
6-1/4"	4 1/2" 10.50, 11.60 K-55 STC		3750-7290-Liner		450 sx, 729 cf			
---	2-3/8" 4.70+J-55 8rd EUE		TBG 7149 KB		---			

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 allowable for this depth or be for full 24 hours)

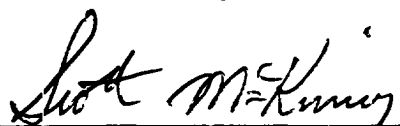
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 4,411	Length of Test 3 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1825 psi	Casing Pressure (shut-in) 1825 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.



Senior Regulatory Analyst

(Title)

April 25, 1984

(Date)

6-13-84 OIL CONSERVATION COMMISSION
APPROVED JUN 13 1984
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 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 multiple