ISTRIBUTION NEW MEXICO OIL CONSERVATION/COMMISSION FAFE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C Effective 1-1-65 -€ AND .S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Tenneco Oil Company Address Box 3249, Englewood, CO 80155 Reason(s) for filing (Check proper box) Other (Please explain)  $\square$ Change in Transporter of: Recompletion 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 Well No. Pool Name, Including Formation Kind of Lease Federal Lease No. State, Federal or Fee NM-04208 Warren Com **1**R Basin Dakota Location 900 South Line and Unit Letter 990 Feet From The West 13 28N Line of Section Township Range 9 West , NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Conoco, Inc. Box 460, Hobbs, NM 88240
Address (Give address to which approved copy of this form is to be sent) Box 460, Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Box 990, Farmington, NM 87401 Sec. Unit If well produces oil or liquids, give location of tanks. Is gas actually connected? М 13 28N : No <u>ASAP</u> If this production is commingled with that from any other lease or pool, give commingling order number IV. COMPLETION DATA New Well Oil Well Gas Well Plug Back Same Resty, Diff. Resty Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod Total Depth P.B.T.D. 1/25/83 2/25/83 6820' 6812' KB vations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Cii/Gas Pay Tubing Depth 5931' KB Dakota 6652' KB 6662' KB Perforations Depth Casing Sho 6652-64' KB, 6737-41' KB. 6763-671 KB, 6782-86' KB TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12-1/4" 8-3/4" 9-5/8" 36# 270 KB 270 CF 23# 2848' KB 602 CF 6-1/4" 4 729 CF 6817 KB 2-1/16" 6662' 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) OIL WELL 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-Bble. Water - Bbls. Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 1549 MCFPD hours Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Back Pressure 1810 PSI 2050 PS1 VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION MARX APPROVED. I hereby certify that the rules and regulations of the Oil Conservation Origina Signed by CHARLES GHOLSON Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ken Kus	nell	
Ken Russell	(Signature)	
Sr. Production	Analyst	
	(Title)	
March / 1003		

(Date)

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 multiply