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TRANSPORTER	OIL		
	GAS	I	
OPERATOR		I	

March 28, 1983

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Supersedes Old C-104 and C-116

Separate Forms C-104 must be filed for each pool in multiply

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Tenneco Oil Company Box 3249, Englewood, CO 80155 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: X New Well Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. Pool Name, Including Formation Federal State, Federal or Fee NM-04208 Warren Com 2E Basin Dakota Location East 1400 Feet From The South Line and Feet From The 985 Unit Letter\_\_ County San Juan 9W 28N Range Line of Section 14 Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 501 Airport Dr., #151, Farmington, NM 874
Address (Give address to which approved copy of this form is to be sent) <u>87401</u> Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X Box 990, Farmington, NM 87401 El Paso Natural Gas Twp. P.ge. Is gas actually connected? Unit If well produces oil or liquids, give location of tanks. **ASAP** 28N : 9W 0 14 If this production is commingled with that from any other lease or pool, give commingling order number: Plug Back | Same Res'v. Diff. Res'v. IV. COMPLETION DATA Workever Oil Well Gas Well Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth Date Spudded 6924' KB 6995' 3/25/83 2/10/83 Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 6831' 68621 6128' KB Dakota Depth Casing Shoe Ferforations 6831-44' KB, 2 JSPF TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 248' KB 265 CE 12-1/4" 9-5/8", 36# 634 CF 30001 ΚB **ξ-3/4**" 23# 6993' KB 727\_CE 10.5# 6-174 6862' KB 2-3/8" (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Water-Bbls. Gas - MCF Oil-Bble. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D 3 hours
Tubing Pressure (#hmt-is) ..818 Casing Pressure (Shut-1) Choke Size Testing Method (pitot, back pr.) 3/4" 1420 psi 1420 psi Back Pressure OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APR 1.3 1983 APPROVED\_ 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. By Original Signed by FRANK T. CHAVEZ 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 deviation tests taken on the well in accordance with RULE 111. (Signature) Ken Russell All sections of this form must be filled out completely for allow able on new and recompleted wells. Sr. Production Analyst (Title) 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