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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-11  
Effective 1-1-65

I.

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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Russell	Well No. 2E	Pool Name, Including Formation Basin Dakota	Kind of Lease USA	Lease No. 13860A
Location				
Unit Letter J	1850'	Feet From The South	Line and 1460	Feet From The East
Line of Section 24	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, Inc. Surface Transportation	P. O. 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)	
E1 Paso Natural Gas	P. O. Box 990, Farmington, NM	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 24
	Twp. 28N	Rge. 8W
	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 6/6/84	Date Compl. Ready to Prod. 7/23/84	Total Depth 7426' KB	P.B.T.D. 7388' KB					
Elevations (DF, RKB, RT, GR, etc.) 6300' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7105' KB	Tubing Depth 7216' KB					
Perforations 1 JSPF 32' 32 holes	7105'-16' KB, 7192-94', 7231-35', 7264-66', 7282-85', 7304-06', 7318-26'		Depth Casing Shoe KB 7388 KB					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8" csq		308' KB		210 sx 248 CF			
8-3/4"	7" csq		4150' KB		600 sx 972 CF			
6-1/4"	4-1/2" liner		4007-7426' KB		400 sx 637 CF			
--	2-3/8" tbq		7216' 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)

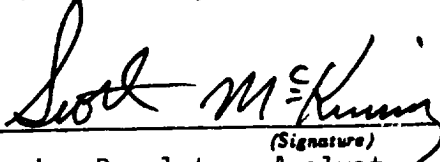
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

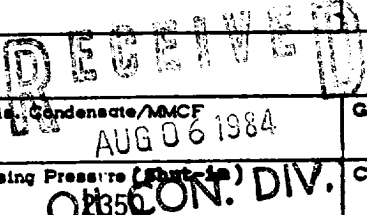
GAS WELL

Actual Prod. Test-MCF/D 1730	Length of Test 3 hrs	Bbls. Condensate/MCF AUG 06 1984	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 2270	Casing Pressure (Shut-in) OR 3560N. DIV.	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.

  
(Signature)  
Senior Regulatory Analyst  
(Title)  
July 31, 1984  
(Date)

APPROVED  AUG 06 1984, 19  
Original Signed by FRANK T. CHAVEZ  
BY  
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 multiply completed wells.