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U.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 1-1-65

**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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 Riddle Com	Well No. 9E	Pool Name, including Formation Basin Dakota	Kind of Lease USA	Lease No. 078499A
Location Unit Letter <u>C</u> ; <u>860</u> Feet From The <u>North</u> Line and <u>1790</u> Feet From The <u>West</u>		Line of Section <u>17</u> Township <u>28N</u> Range <u>8W</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"/>	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)
El Paso Natural Gas	P. O. Box 4490, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>C</u> Sec. <u>17</u> Twp. <u>28N</u> Rge. <u>8W</u>	No <u>ASAP</u>

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 2-21-85	Date Compl. Ready to Prod. 4-9-85	Total Depth 6770' KB	P.B.T.D. 6763' KB					
Elevations (DF, RKB, RT, GR, etc.) 5799' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6530' KB	Tubing Depth 6440' KB		Depth Casing Shoe 6767' KB			
Perforations 2 JSPF 36', 72 holes 6530-33', 6609-22', 6682-86', 6708-12', 6733-35', 6756-66' KB		TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8" csg	303' KB	225 sx 265 CF					
8 3/4"	7" csg	3601' KB	585 sx 959 CF					
6 1/4"	4 1/2" liner csg	3445-6767' KB	370 sx 615 CF					
	2 3/8" tbq	6440						

**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.)	
		APR 29 1985	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			3/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**OIL CON. DIV. DIST. 3**

**GAS WELL**

Actual Prod. Test-MCF/D 2058	Length of Test 3 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 2180	Casing Pressure (shut-in) 2210	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.

Sgt McKinnis  
(Signature)  
Sr. Regulatory Analyst  
(Title)  
4/24/85  
(Date)

**OIL CONSERVATION COMMISSION**

5-14-85  
APPROVED \_\_\_\_\_ MAY 14 1985 19 \_\_\_\_\_  
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 deviated 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 name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple