

DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-10a
Supersedes Old C-10a and C-
Effective 1-1-83

Operator: TENNECO OIL COMPANY

Address: BOX 3249, ENGLEWOOD, CO 80155

Reason(s) for filing (Check proper box):
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Omler A	Well No. 3	Pool Name, Including Formation Basin Dakota	Kind of Lease State (Federal) Fee SF-077085	Lease No.
Location: Unit Letter: M : 790 Feet From The west Line and 790 Feet From The south Line of Section 26 Township 28N Range 10W, NMDM. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ GIANT REFINING CO.	Address (Give address to which approved copy of this form is to be sent): BOX 256, FARMINGTON, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Southern Union Gathering	Address (Give address to which approved copy of this form is to be sent): Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks: Unit: M Sec.: 26 Twp.: 28N Rge.: 10W	Is gas actually connected? YES When:

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	Recover	Deepen	Plug Back	Some Restr.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (DF, RKE, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 oil
able 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
Actual Prod. During Test	Oil-Bale.	Water-Bale.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pneum. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cable Size

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.

Denise Wilson
(Signature)
PRODUCTION ANALYST
(Title)
AUGUST 1, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original _____ HAVEZ
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 deepen
well, this form must be accompanied by a tabulation of the deviate
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own-
well name or number, or transporter, or other such change of condi-
Separate Forms C-10a must be filed for each pool in multi-
completed wells.