

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-110  
Effective 1-1-65

NO. OF COPIES RECEIVED	1
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	1
PRORATION OFFICE	

I. Operator  
Tenneco Oil Company

Address  
Box 1714, Durango, Colorado

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Request Temporary allowable to
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	test well - Gallup oil, eff. 1st
		Dry Gas	<input type="checkbox"/>	delivery. Approx. 1000 bbl.
		Condensate	<input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Omlier "A"	Well No. 2	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed
Location Unit Letter <u>2</u> : <u>1525</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>35</u> , Township <u>28N</u> Range <u>10W</u> , NMPM, San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Lamar Trucking</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1528, Farmington, New Mexico</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Southern Union Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>Fidelity Union Tower, Dallas, Texas</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>NE/4</u>	Sec. <u>35</u>
	Twp. <u>28</u>	Rge. <u>10</u>
	Is gas actually connected? <u>No</u>	When <u>-----</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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spud'd <u>7-3-65</u>	Date Compl. Ready to Prod. <u>8-12-65</u>		Total Depth <u>6525</u>		P.B.T.D. <u>6240</u>			
Pool <u>Undes. Gallup</u>	Name of Producing Formation <u>Gallup</u>		Top Oil/Gas Pay <u>5810</u>		Tubing Depth			
Perforations <u>5810-5815</u>					Depth Casing Shoe <u>6525</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u>8-5/8</u>		<u>260</u>		<u>125 sacks</u>			
	<u>4-1/2</u>		<u>6518</u>		<u>1300 sacks</u>			
	<u>2-3/8</u>		<u>6240</u>		<u>1st stage 200 sacks</u>			
					<u>2nd stage 1100 sacks</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

Date First New Oil Run To Tanks <u>8-9-65</u>	Date of Test <u>8-10-65</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>6 hours</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>210</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>879</u>	Oil - Bbls. <u>15 BO/hour</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>0</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Quantity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke 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.

Original Signed 2/  
H. C. NICHOLS

H. C. Nichols (Signature)  
Senior Production Clerk  
(Title)

8-12-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 13 1965, 19

BY Original Signed Emery C. Arnold

TITLE Supervisor 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 Sections I, II, III, and VI only 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.