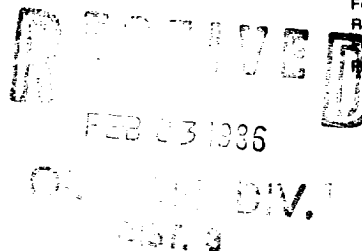


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Tenneco Oil Company

Address P. O. Box 3249, Englewood, CO 80155

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Daum LS</u>	Well No. <u>6E</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>USA</u> <u>SF</u>	Lease No. <u>078329</u>
Location				
Unit Letter <u>B</u> : <u>700</u> Feet From The <u>North</u> Line and <u>1600</u> Feet From The <u>East</u>				
Line of Section <u>32</u> Township <u>28N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco Inc. Surface Transportation</u>	<u>P. O. Box 460, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>P. O. Box 4990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>B 32 28N 9W No ASAP</u>

If this production is commingled with that from any other lease or pool, give commingling order number _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ann Tolliver

(Signature)

Administrative Operations

(Title)

January 24, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED

FEB 12 1986

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 2

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 Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.

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

IV. COMPLETION DATA

Designate Type of Completion — (X)	☐ Oil Well	☒ Gas Well	☒ New Well	☐ Workover	☐ Deepen	☐ Plug Back	☐ Same Resv.	☐ Diff. Resv.
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Date Spudded	11-28-85	Date Compl. Ready to Prod.	7010' KB	Total Depth	P.B.T.D.	6988' KB
Elevations (D.F., RKB, RT, GR, etc.)	6315' GL	Name of Producing Formation	Dakota	Top Oil/Gas Pay	6858' KB	6840' KB
Perforations	2 JSPF 37', 74 holes		6858-76', 6939-44', 6954-68' KB	Depth Casing Shoe	7002' KB	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8" CSG	312' KB	220 SX, 259 CF
8-3/4"	7" CSG	3750' KB	605 SX, 1014 CF
6-1/4"	4-1/2" CSG 1" inner	3589'-7002' KB	415 SX, 698 CF
--	2-3/8" TBG	6840' 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	Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2132	3 hrs	1385	PKR	3/4"			

Testing Method (pilot, back pr.)

Back Pressure