

NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		1
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		2
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-1
Effective 1-1-65

API 30-045-23497

Operator Tenneco Oil Company	
Address 720 S. Colorado Blvd., Denver, Colorado 80222	
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

*USA-SF-078502

Lease Name Vandewart B	Well No. 2	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Federal	Lease No. *
Location				
Unit Letter J ; 1620 Feet From The South Line and 1650 Feet From The East				
Line of Section 24 Township 29N 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)					
Giant Refining Co.	Box 256, Farmington, New Mexico 87401					
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 Co.	Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 24	Twp. 29N	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.	Diff. Res.
		X	X					
Date Spudded 6/21/79	Date Compl. Ready to Prod. 7/28/79		Total Depth 7860'		P.B.T.D. 7850'			
Elevations (DF, RKB, RT, GR, etc.) 6679'GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 7614'		Tubing Depth 7619'			
Perforations 112 holes from 7614' to 7842'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	228'	205
8 3/4"	7"	3800'	750
6 1/4"	4 1/2"	7860'	600
	2 3/8"	7619'	

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 2802	Length of Test 3 Hrs.	Bbls. Condensate/MMCF	Gas-MCF
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (shut-in) 2275	Casing Pressure (shut-in) 2300	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.

Carley J. Stephens
(Signature)
Administrative Supervisor
(Title)
8/21/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 7 1979, 19
BY Original Signed by A. R. Kendrick
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 multiple completed wells.