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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-  
Effective 1-1-65

I. Operator  
Tenneco  
Address  
P.O. 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 Jones Com	Well No. 4	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. 079938
Location Unit Letter <u>J</u> : <u>1580</u> Feet From The <u>South</u> Line and <u>1250</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>29N</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"/> Conoco	Address: (Give address to which approved copy of this form is to be sent) Box 460 Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address: (Give address to which approved copy of this form is to be sent) Box 990 Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>30</u>
	Twp. <u>29N</u>	Rge. <u>8W</u>
	Is gas actually connected? <u>NO</u>	When <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'
		<u>X</u>	<u>X</u>					
Date Spudded <u>10/1/80</u>	Date Compl. Ready to Prod. <u>11/14/80</u>	Total Depth <u>7545'</u>	P.B.T.D. <u>7540'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6458' gr.</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>7286'</u>	Tubing Depth <u>7285'</u>					
Perforations <u>7286-92', 7374-78', 743238', 7446-50', 7462-66', 7476-82', 7502-08', 7514-28'</u>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>9 5/8" 36#</u>	<u>258'</u>	<u>220 SX</u>					
<u>8 3/4"</u>	<u>7" 23#</u>	<u>3615'</u>	<u>700 SX</u>					
<u>6 1/4"</u>	<u>4 1/2" 10.5 11.6#</u>	<u>7545'</u>	<u>500 SX</u>					
	<u>2 3/8"</u>	<u>7285'</u>						

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 <u>3837</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>2125 PSI</u>	Casing Pressure (Shut-in) <u>2125 PSI</u>	Choke Size <u>3/4"</u>

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.

Curley Hatterman  
(Signature)  
Assistant Division Administrative Supervisor  
(Title)  
December 3, 1980  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 16 1980, 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 deepen 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.