

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

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator  
Tenneco Oil Company

Address  
Box 3249, Englewood, CO 80155

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"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Hughes	Well No.	4E	Pool Name, including Formation	Basin Dakota	Kind of Lease	Federal	Lease No.	
Location	State, Federal or Fee SF-078046								
Unit Letter	P	930	Feet From The	South	Line and	990	Feet From The	East	
Line of Section	29	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)		
Plateau				501 Airport Dr., #151, Farmington, NM 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				Box 990, Farmington, NM 87401		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	29	29N	8W	No	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'tv.	Diff. Res'tv.	
		X	X						
Date Spudded	11/21/82	Date Compl. Ready to Prod.	1/3/83	Total Depth	7430' KB	P.B.T.D.	7386' KB		
Elevations (DF, RKB, RT, GR, etc.)	6357' GR	Name of Producing Formation	Dakota	Top Oil/Gas Pay	7178' KB	Tubing Depth	7250' KB		
Perforations	7178-92' KB, 7266-74' KB, 7300-04' KB, 7323-26' KB, 7336-40' KB						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
12-1/4"	9-5/8", 40#	300' KB	354 CF						
8-3/4"	7", 23#	3435' KB	711 CF						
6-1/4"	4-1/2", 10.5#, 11.6#	7430' KB	603 CF						
	2-3/8"	7250' 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	Tubing Pressure	Casing Pressure	Choke Size
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
1592	3 hrs.	-	-
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	2220 psi	2250 psi	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.

Renee Wilson  
(Signature)  
Production Analyst  
(Title)  
January 7, 1983  
(Date)

OIL CONSERVATION COMMISSION

APPROVED 1983  
BY FRANK J. CHAVEZ  
TITLE SURVEILLANCE ENGINEER

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 multiply completed wells.