NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE IRANSPORTER OPERATOR PROPATION OFFICE Tenneco Oil Company 1151 Box 3249, Englewood Reason(s) for filing (Check proper box) _CO 80155 Other (Please explain) New We'l Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Hughes Basin Dakota 790 North 1520 Unit Letter Feet From The Feet From The 21 29N Township 8W Range San Juan

Federa 1 Legge No. State, Federal or Fee SF-078046 West 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) Plateau, Inc. 501 Airport Drive, #151, Farmington, NM 8740 Name of Authorized Transporter of Casinghead Gas or Dry Gas Y Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Box 990, Farmington, NM Unit Sec. P.ge. Is gas actually connected? If well produces oil or liquids, give location of tanks. ٢ 29N ! 8W No **ASAP** If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back Same Resty, Diff. Resty Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 12/23/82 2/11/83 7630' 7605' Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Depth 6452' GR Dakota 7358 7400' Perforations Depth Casing Shoe 7358-62' KB, 7366-80' KB, 7384-93' KB, 7537-40' KB, 75<u>75-</u> TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12-1/4" 9-5/8" 311 36# KB 265 CF 8-3/4" 23# 3660' KR 6-1/4" 4-1/2" 10.5# <u>7630'</u> KB 2-1/16" 7400' V. TEST DATA AND REQUEST FOR ALLOWABLE (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) Producing Method (Flow, pump, gas lift, etc.) Date of Test Tubing Pressure Casing Pressure Choke Size Oil - Bbls. Water - Bbis. Ggs - MCF **GAS WELL** Length of Test Bbis. Condensate/MMCF Gravity of Condensate 2219 3 hrs. Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Back Pressure 3/4" 1685 psi 1685 psi

OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test

Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)

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.

(Signature, Ken' Russell

Production Analyst (Tule)

February 15, 1983 (Date)

OIL CONSERVATION COMMISSION

3-3-83 APPROVED

Original Star 1, 17 I CHAVE

SUPERVISOR DISTRICT 表 3 TITLE.

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