

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Durango, Colorado May 23, 1962
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Tenneco Corp., acting by & thru Cornell Dakota Gas
its managing Agent, Tenneco Oil Co. Oil, Well No. 1, in NW $\frac{1}{4}$, NW $\frac{1}{4}$,
(Company or Operator) (Lease)

D, Sec. 14, T. 29 N, R. 12 W, NMPM, Basin Dakota Pool
Unit Letter

County. 8-29-61 Date Spudded 8-29-61 Date Drilling Completed 9-12-61
Elevation 5633 OL Total Depth 6484 PBD 6409

Please indicate location:

D	C	B	A
X			
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 6171 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6171-75; 6182-85; 6245-55; 6264-69; 6274-76; 6332-36

Open Hole _____ Depth _____ Casing Shoe 6446 Depth _____ Tubing 6150

OIL WELL TEST -

Natural Prod. Test: _____ bbls.oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls.oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8</u>	<u>253</u>	<u>200</u>
<u>5-1/2</u>	<u>6443</u>	<u>200</u>
<u>2-3/8</u>	<u>6136</u>	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 4174 MCF/Day; Hours flowed 3hrs

Choke Size 3/4" Method of Testing: Flowing

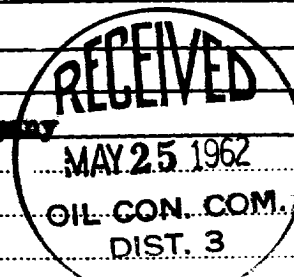
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 115,000 gal water & 150,000 lbs 20-40 sd

Casing _____ Tubing _____ Date first new _____
Press. 798 Press. 335 oil run to tanks _____

Oil Transporter McWood Corporation

Gas Transporter El Paso Natural Gas Company

Remarks: _____



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved MAY 25 1962, 19____

Tenneco Corp., acting by & thru its managing
Agent, Tenneco Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature] L. B. Plumb
(Signature)

By Original Signed Emery C. Arnold

Title District Production Superintendent
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name L. B. Plumb

Address P. O. Box 1714, Durango, Colorado

STATE OF N. MEXICO	
OIL COMMISSION	
ADVISORY SERVICE	
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DATE	
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U.S.G.S.	
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