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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION 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 1-1-83

Operator
TENNECO OIL COMPANY

Address
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

Lessee Name
Dudley Cornell A

Well No.
81

Pool Name, including Formation
Basin Dakota

Kind of Lease
State (Federal) or Fee SF-06557-A

Location
Unit Letter 0 : 1190 Feet From The south Line and 1650 Feet From The east
Line of Section 1 Township 29N Range 12W, N.M.P.M. San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
GIANT REFINING CO. Address (Give address to which approved copy of this form is to be sent)
BOX 256, FARMINGTON, NM 87401

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Address (Give address to which approved copy of this form is to be sent)
Box 990 Farmington, NM 87401

If well produces oil or liquids, give location of tanks. Unit 0 Sec. 1 Twp. 29N Rge. 12W Is gas actually connected? YES When

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 Redrill Deepen Plug Back Some Restr. Diff. Rest.

Date Spudded Date Compl. Ready to Prod. Total Depth P.S.T.D.

Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth

Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 oil able 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

Actual Prod. During Test Oil - Bbls. Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Testing Method (push, back pr.) Tubing Pressure (Shut-In) Casing Pressure (Shut-In) Choke Size

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.

Denise Wilson
(Signature)

PRODUCTION ANALYST

(Title)

AUGUST 1, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 16 1982
Original Signed by FRANK T. CHAVEZ
BY _____
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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-pool formations.