

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 10-1-62
(Place) (Date)

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

TENNECO OIL COMPANY R.E. McKenzie Gas Unit A, Well No. 1, in. NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A San Juan, Sec. 9, T. 30N, R. 12W, NMPM, Basin Dakota Pool
Unit Letter

San Juan County. Date Spudded 1-7-62 Date Drilling Completed 2-2-62
Elevation 5806 GL Total Depth 6860 PBD 6787
Top Oil/Gas Pay 6620 Name of Prod. Form. Dakota

Please indicate location:

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

PRODUCING INTERVAL -

Perforations 6620-24; 6630-36; 6642-47; 6668-72; 6732-42
Open Hole _____ Depth _____ Casing Shoe 6830 Depth _____ Tubing 6600

OIL WELL TEST -

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

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>249</u>	<u>150</u>
<u>4 1/2"</u>	<u>6815</u>	<u>380</u>
<u>1 1/2"</u>	<u>6580</u>	

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

Test After Acid or Fracture Treatment: 1867 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Flowing

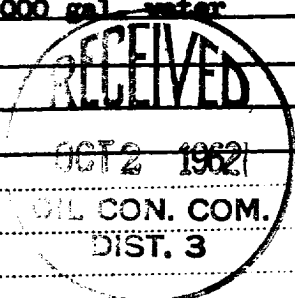
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gal. acid; 80,000# 20-40 sand; 75,000 gal. water

Casing _____ Tubing _____ Date first new
Press. 645 Press. 146 oil run to tanks

Oil Transporter El Paso Natural Gas Co.

Gas Transporter McWood Corp.

Remarks: _____



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

Approved OCT 2 1962, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

TENNECO OIL COMPANY
(Company or Operator)

By: Wayne E. Cox
(Signature)

Title District Office Supervisor

Send Communications regarding well to:

Name L. B. Plumb

P. O. Box 1714

Address Durango, Colo.

STATE OF NEW MEXICO		
OIL AND GAS COMMISSION		
REGISTRATION OFFICE		
DATE OF REGISTRATION		
REGISTRATION NO.		
REGISTRATION FEE		
REGISTRATION TAX		
REGISTRATION OFFICE		
OPERATOR		
TRANSPORTER		
OIL		
GAS		
REGISTRATION OFFICE		
OPERATOR		