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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-110
Effective 1-1-65

Operator Tenneco Oil Company	
Address P. O. Box 1714, Durango, Colorado 81301	
Reasons for filing (check proper box)	Other (Please explain)
Change in Well <input type="checkbox"/>	Effective first delivery.
Change in Lease <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name Storey	Lease No. "B"	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter M	990	Feet From The West	Line and 990	Feet From The South
Line of Section 11	Township 30-N	Range 11-W	, NMPM, San Juan County	

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)			
McWood Corporation	P. O. Box 1702, Farmington, New Mexico			
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	P. O. Box 990, Farmington, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 11	Twp. 30N	Rge. 11W
				Is gas actually connected? When No On Approval

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res't. Diff. Res't.
	X X
Date Spudded 11/2/65	Date Compl. Ready to Prod. 12/17/65
Elevations (DF, RKB, RT, GR, etc.) 5808 GR	Name of Producing Formation Basin Dakota
Perforations 6691-6919	Total Depth 6980
	Top Oil/Gas Pay 6691
	Tubing Depth 6922
	Depth Casing Shoe 6980

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	9-5/8	260	150 sx
7-7/8	4-1/2	6980	250 sx 1st stage
			225 sx 2nd stage
	2-3/8	6922	600 sx 3rd stage

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.	Gals-MCF

GAS WELL			
Actual Prod. Test-MCF/D 2416	Length of Test 8 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) AOF	Tubing Pressure 70	Casing Pressure 780	Choke Size 3/4

I. 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.

Harold C. Nichols
Senior Production Clerk
(Title)
February 28, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 2 1966, 19
BY Original Signed Emery C. Arnold
TITLE Supervisor Dist. # 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 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.