

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	2
PRORATION 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-111
Effective 1-1-35

Operator
Tenneco Oil Company

Address
1860 Lincoln, Suite 1200 Denver, Colorado 80295

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change In Ownership <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 Jacques	Well No. 2A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter D	940	Feet From The North	Line and 800	Feet From The West
Line of Section 25	Township 30N	Range 9W	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)					
Plateau, Inc.	P.O. Box 108, Farmington, New Mexico 87413					
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)					
Southern Union Gathering Company	P.O. Box 398, Bloomfield, New Mexico 87413					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 25	Twp. 30N	Rge. 9W	Is gas actually connected? No	When Near Future

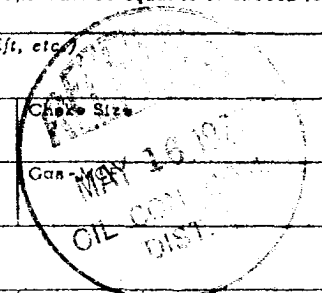
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 3/19/77	Date Compl. Ready to Prod. 4/23/77	Total Depth 4905'		P.B.T.D. 4826'				
Elevations (DF, RKB, RT, CR, etc.) 5686' GL	Name of Producing Formation Blanco Mesa Verde	Top Oil/Gas Pay 4010'		Tubing Depth 4713'		Depth Casing Shoe		
Perforations 19 holes from 4725'-4412'; 20 holes from 4026'-4454'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8" Casing		219'		250 Sacks			
8-3/4"	7" Casing		2874'		500 Sacks			
6-1/8"	4-1/2" Casing Lnr		2724'-4889'		225 Sacks			
	2-3/8" Tubing		4713'					

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.	Gas-Bbls.



GAS WELL

Actual Prod. Test-MCF/D 8708 AOF	Length of Test 3 Hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 731	Casing Pressure (Shut-in) 643	Choke Size 3/4"

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.

D. D. Myers
(Signature)
Division Production Manager
(Title)
5-12-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **Original Signed by A. R. Kendrick**
SUPERVISOR DIST. #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 filled for each pool in multiply completed wells.