

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Webb  
 1/18/79

DATE: 1/18/79  
 COUNTY: 1  
 LAND OFFICE: \_\_\_\_\_  
 TRANSPORTER: OIL \_\_\_\_\_ GAS /  
 OPERATOR: /  
 REGISTRATION OFFICE: \_\_\_\_\_

Operator: **Tenneco Oil Company**  
 Address: **720 S. Colorado Blvd., Denver, CO 80222**  
 Reason(s) for filing: (Check proper box)  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Gascondensed Gas  Condensate   
 Change in Ownership  Other (Please explain): \_\_\_\_\_  
 If change of ownership give name and address of previous owner: **Palmer Oil and Gas Co., P.O. Box 2564, Billings, MT 59103**

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **State 36 Com** Well No.: **2** Pool Name, including Formation: **Basin Dakota** Kind of Lease: **State, Federal or Fee State** Lease No.: **V-81**  
 Location: Unit Letter **B**; **870** Feet From The **North** Line and **1700** Feet From The **East**  
 Line of Section **36** Township **30N** Range **14W**, NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent): \_\_\_\_\_  
 Name of Authorized Transporter of Gascondensed Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent): **P.O. Box 990, Farmington, New Mexico 87401**  
 If well produces oil or liquids, give location of tanks: \_\_\_\_\_ Unit: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ Is gas actually connected? **Yes** When: **2/12/79**

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	Workover	Deeper	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.			Total Depth	F.B.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 all 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puos, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

*[Signature]*  
 Administrative Supervisor

OIL CONSERVATION COMMISSION  
 APPROVED JAN 18 1979, 19  
 Original Signed by **CHARLES GHOLSON**  
 BY \_\_\_\_\_  
 TITLE **DUTY OIL & GAS INSPECTOR, 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 deeper 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 able 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. Complete Form OCM must be filed for each well in order.