

DISTRIBUTION	
ANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-110
Effective 1-1-65

Operator Tenneco Oil Company		API 30-045-23471
Address 720 S. Colorado Blvd., Denver, CO 80222		
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

II. DESCRIPTION OF WELL AND LEASE		DHC R-6154	
Lease Name State Com "K"	Well No. 12	Pool Name, including Formation Blanco Fruitland	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter E	1640	Feet From The North	Line and 990 Feet From The West
Line of Section 16	Township 30N	Range 9W	NMPM, San Juan County

III. 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)
Giant Refining Co.	Box 256, Farmington, New Mexico 87401
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 Co.	Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
E 16 30N 9W	No ASAP

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 <input type="checkbox"/> Gas well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>
Date Spudded 6/27/79	Date Compl. Ready to Prod. 7/10/79
Elevations (DF, RKB, RT, GR, etc.) 6181' GL	Name of Producing Formation Fruitland
Perforations 12 holes from 2702' to 2908'	Total Depth 3100'
	Top Oil/Gas Pay 2702'
	Tubing Depth 2923'
	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
11"	8 5/8"
7 7/8"	4 1/2"
	2"
	DEPTH SET
	191'
	3097'
	2923'
	SACKS CEMENT
	160
	850

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 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 - MCF

GAS WELL	
Actual Prod. Test - MCF/D 44	Length of Test 3 hrs.
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 385
	Casing Pressure (Shut-in) pkc.
	Grav. of Condensate 3/4"

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.

Curley Statton
(Signature)
Administrative Supervisor
(Title)
9/28/79
(Date)

OIL CONSERVATION COMMISSION
APPROVED 007 24 1979, 19
BY Original Signed by A. B. Zondrick
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 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 wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-