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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

I. Operator
Teneco, Inc;
Address
Box 2100 Denver, Co. 80201
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal-State Com	Well No. 1B	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee State	Lease No. 13149
Location Unit Letter A ; 1010 Feet From The North Line and 1170 Feet From The East Line of Section 32 Township 30N Range 11W , 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"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 990 Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 32	Twp. 30N	Rge. 11W	Is gas actually connected? No	When 60 days

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	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 11-5-80	Date Compl. Ready to Prod. 12-11-80		Total Depth 6865		P.B.T.D. 6822			
Elevations (DE, RKB, RT, GR, etc.) 5974 KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 6662		Tubing Depth 6785			
Perforations 6734 to 6785					Depth Casing Shoe 6865			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4" 7-7/8"	CASING & TUBING SIZE 8-5/8" 4-1/2" DV Tool		DEPTH SET 334' 6065' 3715'		SACKS CEMENT 200 sacks 1450 sacks 1250 sacks			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equivalent 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D 1057	Length of Test 3 hr.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) positive choke	Tubing Pressure (shut-in) 1250 psig	Casing Pressure (shut-in) 1380 psig	Choke Size 1/4"

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.

Alvin R. Mandy
(Signature)
Field Foreman

12-22-80

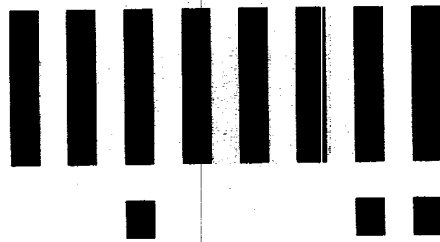
(Title)

MOCC(5) GLE ARM JHP (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
Original Signed by **FRANK T. CHAVEZ**
BY _____
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 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.



LTR



Job separation sheet

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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 1-1-85

Operator TEXACO INC.	
Address P.O. Box EE, Cortez, CO. 81321	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Previous transporter was Permian, now it is Gary Energy Corp.
Recompletion <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 checked="" type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name Federal-State Com	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee State	Lease No. E3149
Location				
Unit Letter <u>A</u> ; <u>1010'</u> Feet From The <u>N</u> Line and <u>1170'</u> Feet From The <u>E</u>				
Line of Section <u>32</u> Township <u>30N</u> Range <u>11W</u> , 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)	
Gary Energy Corp.	115 Inverness Dr., Englewood, CO. 80112	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	P. O. Box 1492 El Paso Tx. 79978	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 32
	Twp. 30N	Rge. 11W
	Is gas actually connected? <u>yes</u> When _____	

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.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

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	Hook Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls.

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OIL CON. DIV
DIST. 3

GAS WELL

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

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.

SIGNED A. R. MARX

(Signature)

AREA SUPERINTENDENT

(Title)

10/10/86

OIL CONSERVATION COMMISSION

APPROVED

BY

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.

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