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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-1,
Effective 1-1-65

I. Operator
Tenneco Oil Company
Address
P. O. Box 3249, Englewood, CO 80155
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 Storey B	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF-078138A
Location Unit Letter <u>I</u> ; <u>1750</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>30N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> 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"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>11</u>	Twp. <u>30N</u>	Rge. <u>11W</u>	Is gas actually connected? <u>No</u>	When <u>ASAP</u>

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'v.	Diff. Res'
		<u>X</u>	<u>X</u>					
Date Spudded <u>12-9-81</u>	Date Compl. Ready to Prod. <u>2-10-82</u>		Total Depth <u>7025'</u>		P.B.T.D. <u>6940' 7025'</u>			
Elevations (DF, RKB, RT, CR, etc.) <u>5876' gr.</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>6772'</u>		Tubing Depth <u>6881'</u>			
Perforations <u>6772-81', 6786-94', 6855-70', 6909-16' Dakota</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>9-5/8"</u>		<u>263'</u>		<u>263</u>			
<u>8-3/4"</u>	<u>7"</u>		<u>4574'</u>		<u>693</u>			
<u>6-1/4"</u>	<u>4-1/2"</u>		<u>4349 - 7025'</u>		<u>286</u>			
			<u>2-3/8" @ 6881'</u>					

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 <u>516</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back pressure</u>	Tubing Pressure (Shut-in) <u>950 psi</u>	Casing Pressure (Shut-in) <u>950 psi</u>	Choke Size <u>3/4"</u>

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.

Saundra F. Peron
Saundra F. Peron (Signature)
Production Analyst
(Title)
February 17, 1982
(Date)

OIL CONSERVATION COMMISSION
MAR 15 1982
APPROVED _____, 19_____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 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 deeper well, this form must be accompanied by a tabulation of the deviat 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 own well name or number, or transporter, or other such change of conditi
Separate Forms C-104 must be filed for each pool in multi