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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-111  
Effective 1-1-85

Operator Tenneco Oil Company	
Address P.O. Box 3249, Englewood, CO 80155	
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

**CONFIDENTIAL**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Pritchard	Well No. 9	Pool Name, including Formation Undes. Fruitland	Kind of Lease State, Federal or Fee USA NM	Lease No. 013686
Location Unit Letter <u>M</u> ; <u>1030</u> Feet From The <u>S</u> Line and <u>1015'</u> Feet From The <u>W</u> Line of Section <u>1</u> Township <u>30N</u> Range <u>9W</u> , 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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 Company	Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 04/08/83	Date Compl. Ready to Prod. 10/03/83	Total Depth 2650' KB		P.B.T.D. <del>Open Hole</del>					
Elevations (DF, RKB, RT, GR, etc.) 5863' GR	Name of Producing Formation Fruitland	Top Oil/Gas Pay 2470' KB		Tubing Depth 2598' KB					
Perforations 2470-82' KB, 2492-98' KB, 2540-44' KB, 2578-82' KB		Depth Casing Shoe ---							
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4"	9-5/8", 36#	290' KB		318 cf					
8-3/4"	7", 23#	2612' KB		678 cf					
--	2-3/8"	2598' KB		--					

**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)

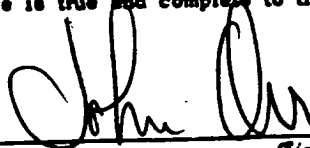
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D 1412	Length of Test 3 hrs	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1318 psi	Casing Pressure (Shut-in) 1306 psi	Choke Size 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.

  
(Signature)  
Production Analyst  
(Title)  
10/10/83  
(Date)

**OIL CONSERVATION COMMISSION**

OCT 13 1983

APPROVED  
BY Original Signed by FRANK T. CHAVEZ

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 deviator 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.