

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA 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-11  
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)

RECEIVED  
JUN 28 1984  
OIL CON. DIV.  
DIST. 3

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barrett A	Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease USA State, Federal or Fee SF	Lease No. 078336-B
Location Unit Letter G ; 1640 Feet From The North Line and 2215 Feet From The East Line of Section 20 Township 31N 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"/> Conoco, Inc. Surface Transportation	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 G Sec. 20 Twp. 31N Rge. 9W	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 05/03/84	Date Compl. Ready to Prod. 05/17/84	Total Depth 7738 KB	P.B.T.D. 7735 KB					
Elevations (DF, RKB, RT, GR, etc.) 6262' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7490' KB	Tubing Depth 7583' KB					
Perforations 7490-7512', 7518-24, 7534-38, 7583-94, 7640-43, 7694-96, 7712-17, 7722-24		Depth Casing Shoe 7690' KB						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8" csg	325' KB	225SX 265 CF					
8-3/4"	7" csg	3680' KB	465SX 705 CF					
6-1/4"	4-1/2" liner	3473' - 7738 KB	453SX 734 CF					
	2-3/8" tbq	7583' 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)

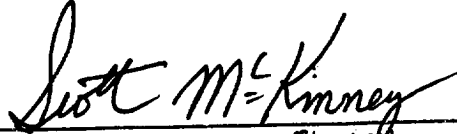
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1642	Length of Test 3hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2250	Casing Pressure (Shut-in) 2250	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)

Senior Regulatory Analyst  
(Title)

June 20, 1984  
(Date)

OIL CONSERVATION COMMISSION

JUN 28 1984

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

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 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.