NO. OF COPIES REC	Elveo	1	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		

-11

	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISS	iion Ban	C-104	
	SANTA FE	REQUEST FOR ALLOWARIE			Form C-104 Supersedes Old C-104 and C- Effective 1-1-65	
	U.S.G.S.	_	AND			
	LAND OFFICE	AUTHORIZATION TO TE	RANSPORT OIL AND NA	TURAL GAS		
	OIL					
	TRANSPORTER GAS					
	OPERATOR	- j				
1	PRORATION OFFICE					
	Operator					
	Tenneco Oil Company					
	P. O. Box 3249, Eng1	award CO 901EE				
	Reason(s) for Hing (Check proper b	ewood, CO 80155	Other (Please ex	plain)		
	New Well	Change in Transporter of:		,		
	Recompletion	Oil Dry (Gas 🔲			
	Change in Ownership	Casinghead Gas Cond	lensate			
	If change of ownership give name					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND	D LEASE				
	Lease Name	Well No. Pool Name, Including	Formation Ki	nd of Lease USA	Lease No.	
	Yeager Com	1E Basin Dakota	Sto	ite, Federal or Fee SF	078781	
	Location	40	005		· · · · · · · · · · · · · · · · · · ·	
	Unit Letter H ; 17	40 Feet From The north L	ine and <u>885</u> F	eet From The east		
	Line of Section 6 T	ownship 30N Range	11W , NMPM,	San Juan		
			114 / 1441 (4)	Jun oudin	County	
Ш.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS			
	Name of Authorized Transporter of C	*-	Address (Give address to w		form is to be sent)	
	Conoco, Inc. Surface	asinghead Gas or Dry Gas X	P. O. Box 460, Ho Address (Give address to w	obbs, NM 88240	form in to be sens?	
	El Paso Natural Gas		P. O. Box 990, F			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	77 401	
	give location of tanks.	; H ; 6 ; 30N ; 11W	No	ASAP		
	If this production is commingled w	with that from any other lease or pool	, give commingling order nu	nber:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover I			
	Designate Type of Complet		X Approver	Deepen Plug Back	Same Resty. Diff. Resty	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	7/8/84 Elevations (DF, RKB, RT, GR, etc.)	9/6/84	6865 ' KB	68	55 ' KB	
			Top Oil/Gas Pay	Tubing Depth		
	5826 GR	Dakota	6713'KB	68 Depth Casing	10' KB	
	·	6713-16 6722-26 6778-6	5802 6817 ₋ 10			
	2 JSPF 33' 66 holes, 6713-16, 6722-26, 6778-6802, 6817-19 6862'KB TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAC	KS CEMENT	
	12-1/4"	9-5/8" csg	300 ' KB	200 sx	236CF	
	8-3/4"	7" csg	4530 ' KB	465 sx		
	6-1/4"	4-1/2" csg liner 2-3/8" tbg	4350-6862 'KB 6810 'KB	300 sx	486CF	
v	<u> </u>	FOR ALLOWABLE (Test must be a				
▼.	OIL WELL	able for this d	sper recovery of total volume of epth or be for full 24 hours)	load oil and must be equi	si to or exceed top allow	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	np, gas lift, etc.)	·	
	Length of Test	Tubing Pressure	Casing Pressure	CHote Bize		
	Actual Prod. During Test	Oil-Bbis.	Water-Bble.	7 9 8 400 - MCF		
			\$\dag{\text{\$\psi_2.f.}}	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
				ON, DIV.		
,	GAS WELL Actual Prod. Test-MCF/D	1	<u> </u>			
ļ	1300	Length of Test	Bbls. Condensate/MMCF	Gravity of Con	densate	
ł	Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	<u> </u>	
	back pressure	1630	1950	3/4	11	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CON	SERVATION COMM		
			1 9-20-84	SEP 20 1984		
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED ULI NO 1001, 19				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYOriginal Signed by FRANK T. CHAVEZ			
			SUPERVISOR DISTRICT 架 3			
	11/5 Kim	uy	III	lied in compliance with for allowable for a newl		
-	(Sign	atuph)	ii well this form must be	eccompanied by a tabul	ation of the deviation	
	Sr. Regulatory Analys		tests taken on the well	in accordance with RU form must be filled out		
-	• •	tle)	able on new and recomp	leted wells.		
-	9/11/84	ate)	Fill out only Section well name or number, or t	ons I, II, III, and VI for such	or changes of owner, change of condition.	
	(D)	,	Separate Forms C-1	104 must be filed for	=	
		I	I nametalanatta			