

DISTRIBUTION			
AMT A FE			
FILE			
J.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 1-1-65

Operator Tenneco Oil Company	
Address P.O. Box 3249, Englewood, Colorado 80155	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gelbke Com	Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee USA SF	Lease No. 079691
Location				
Unit Letter <u>C</u> ; <u>700</u> Feet From The <u>N</u> Line and <u>1800</u> Feet From The <u>W</u>				
Line of Section <u>11</u> Township <u>31N</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"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	501 Airport Dr., Suite 151, Farmington, NM 87401
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 <u>C</u> Sec. <u>11</u> Twp. <u>31N</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'v.
		X	X					
Date Spudded 08/13/83	Date Compl. Ready to Prod. 10/10/83	Total Depth 7181' KB	P.B.T.D. 7170' KB					
Elevations (DF, RKB, RT, GR, etc.) 5883' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6948' KB	Tubing Depth 7020' KB					
Perforations 6948-62' KB, 6074-76' KB, 6993-97' KB, 7032-50' KB, 7062-64' KB, 7076-78' KB, 7100-10 KB			Depth Casing Shoe ---					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	326' KB	354 ct					
8-3/4"	7"	4770' KB	1235 ct					
6-1/4"	4-1/2"	7181' KB	454 ct					
---	2-3/8"	7020' 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
OCT 20 1983
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 1298	Length of Test 3 hrs	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1850 psi	Casing Pressure (shut-in) 1850 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)

(Date)

OIL CONSERVATION COMMISSION
11-1-83
APPROVED _____
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 multiple