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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-110
Effective 1-1-65

I. Operator
Tenneco Oil Company
Address
P. O. Box 1714, Durango, Colorado 81301
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)
Effective first delivery.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------|---------------|--|---|
| Lease Name Moore "C" | Lease No. | Well No. 1 | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter <u>P</u> ; <u>820</u> Feet From The <u>South</u> Line and <u>1105</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>32N</u> Range <u>12W</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"/> Inland, Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, New Mexico | | | | | |
| 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, New Mexico | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit P | Sec. 27 | Twp. 32 | Rge. 12 | Is gas actually connected? No | When On Approval |

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 Restv. | Diff. Restv. |
| | | X | X | | | | | |
| Date Spudded 7/21/66 | Date Compl. Ready to Prod. 9/19/66 | Total Depth 7464 | P.B.T.D. 7460 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6246 Gr. | Name of Producing Formation Dakota | Top Oil/Gas Pay 7241 | Tubing Depth 7438 | | | | | |
| Perforations 7241-7445 | Depth Casing Shoe 7464 | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 15 | 10-3/4 | | 322 | | 200 sx | | | |
| 12-1/4 | 7-5/8 | | 3100 | | 295 sx | | | |
| 7-7/8 | 4-1/2 | | 7464 | | 150 sx | | | |
| | 2-3/8 | | 7438 | | | | | |

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 |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|--|---------------------------|------------------------------|------------------------------|
| Actual Prod. Test-MCF/D 5053 | Length of Test 3 hours | Bbls. Condensate/MMCF --- | Gravity of Condensate --- |
| Testing Method (pitot, back pr.) Back Pr. | Tubing Pressure 324 | Casing Pressure 1055 | 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.

G. A. Fox (Signature)
Senior Production Clerk

April 11, 1967 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 12 1967, 19____
BY Original Signed by Emory C. Arnold
TITLE SUPERVISOR DIST. #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 multiply completed wells.