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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PAD RATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-10a
Supersedes Old C-10a and C-
Effective 1-1-83

Operator: TENNECO OIL COMPANY

Address: BOX 3249, ENGLEWOOD, CO 80155

Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☒

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE					
Lease Name B, Montoya 25	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Fee Comm	Lease No. 1344
Location					
Unit Letter H	1850	Feet From The North	Line and 790	Feet From The East	
Line of Section 25	Township 32N	Range 13W	N.M.P.M.	San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
GIANT REFINING CO.	BOX 256, FARMINGTON, NM 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas	Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 25	Top. 32	Fee. 13	Is gas actually connected? YES	When

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 Fract. ☐ Diff. Fract. ☐		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.
Elevations (DF, RKE, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 oil able 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	Chase Size
Actual Prod. During Test	Oil-Bale.	Water-Bale.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Brk. Condensate/MCF	Gravity of Condensate
Testing Method (push, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Chase Size

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.

Denise Wilson
(Signature)
PRODUCTION ANALYST
(Title)
AUGUST 1, 1982
(Date)

OIL CONSERVATION COMMISSION
AUG 16 1982

APPROVED _____, 19____

BY: Mark T. Chavez
(Signature)
TITLE: SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 110a.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 conditions.
Separate Forms C-10a must be filed for each pool in multi-completed wells.