

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRORATION OFFICE	

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hubbard 'A'	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>H</u> ; <u>1450</u> Feet From The <u>North</u> Line and <u>1190</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>32N</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)
Conoco, Inc. Surface Transportation	P.O. Box 460, Hobbs, NM 88240
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	P.O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec. <u>30</u> Twp. <u>32N</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 03/26/84	Date Compl. Ready to Prod. 04/17/84	Total Depth 7880' KB	P.B.T.D. 7839' KB					
Elevations (DF, RKB, RT, GR, etc.) 6538' CR	Name of Producing Formation Dakota	Top Oil/Gas Pay 7649' KB	Tubing Depth 7733' KB					
Perforations 7649-54KB, 7674-78KB, 7728-54KB, 7760-66KB, 7780-84KB 1 JSPF 45' 45 holes			Depth Casing Shoe 7839' KB					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8" csg	320' KB	225sx, 243cf
8-3/4"	7" csg	5380' KB	775sx, 1294 cf
6-1/4"	4-1/2" liner csg	5201'-7880 KB	275sx, 440 cf
---	2-3/8" tbq	7733' 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)

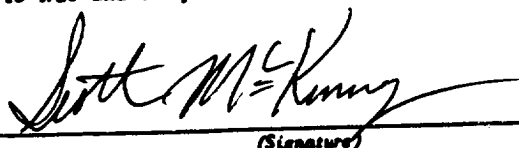
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1659	Length of Test 3hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1850	Casing Pressure (Shut-in) 1940	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.



Senior Regulatory Analyst
(Title)

5/16/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 25 1984, 19

BY Original Signed by FRANK T. CHAVEZ
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 deepener 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 completed wells.