STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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MAY 21 1986
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Tenneco Oil Company

Address: P.O. Box 3249 Englewood, Colorado 80155

Reason(s) for filing *(Check proper box)*

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of:
  - [ ] Oil
  - [ ] Casinghead Gas
  - [ ] Dry Gas
  - [ ] Condensate

Other *(Please explain)*:

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Moore	11	Basin Dakota	USA NM	010989

Location
Unit Letter E : 1140 Feet From The West Line and 1700 Feet From The North

Line of Section 35 Township 32N Range 11W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐: Gary Energy Corp.
Address *(Give address to which approved copy of this form is to be sent)*: 4 Inverness Ct. E. Englewood, Colorado 80112

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒: El Paso Natural Gas Company
Address *(Give address to which approved copy of this form is to be sent)*: P.O. Box 4990, Farmington, NM 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	35	32N	11W	NO	ASAP

If this production is commingled with that from any other lease or pool, give commingling order number _____

NOTE: ***Complete Parts IV and V on reverse side if necessary.***

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Dave Linton
(Signature)

Administrative Analyst
(Title)

May 13, 1986
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 21 1986, 19__
BY Original Signed by FRANK T. CHAVEZ
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 Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
02-12-86	04-27-86	7560' KB	7514' KB
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6125' GL	Dakota	7296' KB	7420' KB
Perforations			**Depth Casing Shoe**
7296' - 7308', 7376'-7401', 7428'-7434' KB			7557' KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8" CSG	306' KB	255 sx, 265 cf
8 3/4"	7" CSG	3351' KB	500 sx, 821 cf
* 6 1/4"	4 1/2" CSG Liner	3176'- 7557' KB	480 sx, 817 cf
-----	2 3/8" TBG	7420' 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1311	24 Hrs.		
Testing Method *(pilot, back pr.)*	**Tubing Presssure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Flowing	2160	2220	3/4"

* Sqz liner top w/150 sx, 177 cf, CLB w/2% $CaCL_2$