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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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-1
 Effective 1-1-65

I. OPERATOR
 Operator: Tenneco Oil Company
 Address: 6800 Park Ten Blvd., Suite 200, San Antonio, Texas 78213
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas Started selling gas on 4-8-81
 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 <u>State LF-30</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Und. S. Kemnitz-Atoka-Morrow</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No.
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>16S</u> Range <u>34E</u> , NMPM, <u>Lea</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"/> <u>Western Crude Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>320 S. Boston, Suite 718, Tulsa, Okla 74013</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Transwestern Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Post Office Box 2521, Houston, Texas 77001</u>
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>30</u> Twp. <u>16S</u> Rge. <u>34E</u>	Is gas actually connected? <u>yes</u> When <u>April 8, 1981</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						
Date Spudded <u>12-5-80</u>	Date Compl. Ready to Prod. <u>3-8-81</u>	Total Depth <u>13210'</u>	P.B.T.D. <u>13166'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4131.5'</u>	Name of Producing Formation <u>Atoka</u>	Top Oil/Gas Pay <u>12686'</u>	Tubing Depth <u>12684'</u>					
Perforations <u>12686' - 12706'</u>			Depth Casing Shoe <u>13210'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>372'</u>	<u>375 Sx Class "C"</u>					
<u>11"</u>	<u>8-5/8"</u>	<u>4358'</u>	<u>1950 Sx Lite + "C"</u>					
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>13210'</u>	<u>1250 Sx Class "H"</u>					
	<u>2-7/8"</u>	<u>12684'</u>						

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 <u>7000</u>	Length of Test <u>24</u>	Bbls. Condensate/MMCF <u>62</u>	Gravity of Condensate <u>36.4</u>
Testing Method (pitot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>4700#</u>	Casing Pressure (shut-in) <u>---</u>	Choke Size <u>20/64</u>

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.

Mary Hall
 (Signature)
 Production Analyst
 (Title)
4-14-81
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY Jerry Johnson
 TITLE DISTRICT

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.