

DISTRICT OFFICE
 DISTRIBUTION
 STATE FILE
 U.S.S.S.
 LAND OFFICE
 TRANSPORTER OIL
 GAS
 OPERATOR
 PRORATION OFFICE

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

Form O-104
 Supersedes O-104 and O-110
 Effective 1-1-65

I. OWNER
 Tenneco Oil Company
 P.O. Box 1031, Midland, Texas
 Reasons for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain)
 Change name of lease from
 Federal Ginsberg NM 0569
 Effective 10-1-65

If change of ownership give name and address of previous owner
 Leonard Oil Company, 10th Floor Security Life Bldg., Roswell, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Ginsberg Federal Well No.: 11 Pool Name, including Formation: Justis Blinbry Kind of Lease: State, Federal or Fee Federal
 Location:
 Unit Letter: E ; 1815 Feet From The North Line and 330 Feet From The West
 Line of Section: 31 , Township: 25S Range: 38E , NMPM, Lea 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):
 Texas New Mexico Pipeline Box 1510 Midland, Texas
 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 Box 1492 El Paso, Texas
 If well produces oil or liquids, give location of tanks: Unit: D Sec: 31 Twp: 25S Rge: 38E Is gas actually connected? yes When: unknown

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)
 Date Spudded Date Compl. Ready to Prod. Total Depth P.S.T.D.
 Pool 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 allowable for this depth or be for full 24 hours

Date First New Oil Ran 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 - Boils. Water - Boils. Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D Length of Test Boils. Condensate/MMCF Gravity of Condensate
 Testing Method (pilot, back pr.) Tubing Pressure Casing Pressure Choke 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.

OIL CONSERVATION COMMISSION
 APPROVED _____, 1965
 BY _____

R. L. Loggett
 District Office Supervisor
 October 1, 1965

TITLE _____
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or reopened 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or other such change of condition.