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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-110
 Effective 1-1-65

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 OCT 11 1965
 O. C. C.
 ARTESIA, OFFICE

I. OPERATOR
 Tenneco Oil Company ✓

Address
 P.O. Box 1031, Midland, Texas
 Reasons for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas Condensate
 Re-completion Casinghead Gas Other (Please explain) **Change name of lease from State B-514 Effective 10-1-65**
 Change in Ownership

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 State L	Well No. 6	Pool Name, including Formation Grayburg Jackson (Q.G. SA.)	Kind of Lease State, Federal or Fee State
Location Unit Letter D , 1320 Feet From The north Line and 1320 Feet From The west	Line of Section 28 , Township 17S , Range 29 E , N.M.P.M., Eddy County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Room B-2 Phillips Bldg., Odessa, Texas
If well produces oil or liquids, give location of tanks. Unit H , Sec. 28 , Twp. 17S , Rge. 29E	Is gas actually connected? yes When 3-1960

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Rest'y.	<input type="checkbox"/> Diff. Rest'y.
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 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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

R. L. Leggett
 (Signature)
 District Office Supervisor
 (Title)
 October 1, 1965
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED OCT 13 1965, 19____
 BY M. L. Armstrong
 TITLE MANAGER

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 Sections I, II, III, and VI only 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.