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1	DISTRIBUTIO					
ļ	SANTA FE					
1	FILE					
,	U.S.G.S.					
;	LAND OFFICE					
i	TRANSPORTER	OIL				
		GAS				
	OPERATOR	2				
. 1	PRORATION OF					
	Operator					
	Tenneco Oil Company					
	Address					
	Box 1031. M	idlan	d. 7	[e:		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65				
U.S.G.S.	AUTHORIZATION TO TRAN	AND SPORT OIL AND NATURA	AL GAS				
LAND OFFICE	AUTHORIZATION		•				
TRANSPORTER OIL			RECEIVED				
GAS							
OPERATOR 2	 		FFB 7 1966				
PRORATION OFFICE Operator							
Tenneco Oil Company	· 🗸		O. C. C.				
Address			ARTESIA, DFFICE				
Box 1031, Midland,	Texas	Other (Please explain)					
Reason(s) for filing (Check prope	er box) Change in Transporter of:	Offici (1 touse superior)					
New Well	Oil Dry Gas		•				
Recompletion Change in Ownership	Casinghead Gas Condens	sate					
If change of ownership give na and address of previous owner	ime						
I. DESCRIPTION OF WELL A	AND LEASE Lease No. Well No. Pool Nam	ne, Including Formation	Kind of Lease				
Lease Name Midwest Fee		ourg Jackson	State, Federal or Fee Fee				
Location							
T D	710 Feet From The North Line	e and Feet	From The west				
Unit Letter;_			Eddy County				
Line of Section 22	Township 17-S Range 29	9-Е , ммрм,	Eddy County				
		S					
II. DESIGNATION OF TRANS	porter of OIL AND NATURAL GA	Address (Give address to which	approved copy of this form is to be sent)				
Name of Authorized Transporter		P.O. Box 3119. Mi	dland. Texas				
The Permian Corpe	of Casinghead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)				
Name of Addictization France	· · · · · · · · · · · · · · · · · · ·						
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When				
give location of tanks.	D 22 175 29E	No	<u>i</u>				
If this production is commingly	ed with that from any other lease or pool,	give commingling order numbe	L:				
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	Come Decly 13th Heavy				
Designate Type of Com		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
11-9-65	1/21/66	3700	3647				
Elevations (DF, RKB, RT, GR,		Top Oil/Gas Pay	Tubing Depth 2669				
3564 RKB	San Andres	2608	Depth Casing Shoe				
Perforations			3700				
11-1/2" Holes	11-1/2" Holes - 2608-2721 TUBING, CASING, AND CEMENTING RECORD						
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
HOLE SIZE	8 5/8	797	200				
7 7/8	5 1/2	3700	450				
11/9	. 2 3/8 tubing	2669					
V. TEST DATA AND REQUE	TEST DATA AND REQUEST FOR ALLOWABLE (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)						
OIL WELL		Producing Method (Flow, pump	gas lift, etc.)				
Date First New Oil Run To Tar	2/1/66	Pump					
1/29/66 Length of Test	Z/I/OO . Tubing Pressure	Casing Pressure	Choke Size				
1	-0-	-0-	open (Gas-MCF				
24 hrs Actual Prod. During Test	Oil-Bbls.	Water - Bbls.					
20 ppl	20	TR.	TSTM				
)				
GAS WELL	Tool	Bbis. Condensate/MMCF	Gravity of Condensate				
Actual Prod. Test-MCF/D	Length of Test						
Testing Method (pitot, back pr	.) Tubing Pressure	Casing Pressure	Choke Size				
Testing Method (pitot, buck pr	,,						
All GERMANIA AND OF COME			ERVATION COMMISSION				
VI. CERTIFICATE OF COM	LIMITOE	APPROVED FEB 7	1966 , 19				
T hander agatifu that the mile	I hereby certify that the rules and regulations of the Oil Conservation						
Commission have been com	plied with and that the information given	f my knowledge and helief. By					
above is true and complete	to the best of my knowledge and belief.	TITLE ADA JAME CARS A ROMANIES					
_		TITLE	41				
MA		This form is to be fi	iled in compliance with RULE 1104.				

1-31<u>-66</u>

7.10		
/ Comes	J.F.	Carnes
(Signature)		
District Production Foreman		
(Title)		

(Date)

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.