

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PROMOTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
JUN 26 1985
O. C. D.
ARTESIA, OFFICE

Tenneco Oil Company

Address
7990 IH 10 West, San Antonio, Tx 78230

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 8-28-85

If change of ownership give name
and address of previous owner

UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED

DESCRIPTION OF WELL AND LEASE

Lease Name State HL 1	Well No. 3	Pool Name, Including Formation South Leo 7R/Qn/Cb/SA	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter B : 660 Feet From The north Line and 1980 Feet From The east Line of Section 1 Township 19S Range 29E, NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Tx. 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum ATTN: Neal Porter	Address (Give address to which approved copy of this form is to be sent) 4000 Penbrook, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 1
	Twp. 19S	Rge. 29E
	Is gas actually connected?	When
	No	60 days

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

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 12/29/85	Date Compl. Ready to Prod. 2/14/85		Total Depth 2900'		P.B.T.D. 2855'			
Elevations (DF, RKB, RT, GR, etc.) 3423 GR	Name of Producing Formation Queen-Grayburg		Top Oil/Gas Pay 2351'		Tubing Depth 2250'			
Perforations 2-1/2" - 2-1/2"					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	300	250 SXS
7 7/8"	5 1/2"	2900	675 SXS

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2/20/85	Date of Test 5/8/85	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure 30	Casing Pressure 30	Choke Size open
Actual Prod. During Test	Oil-Bbls. 22	Water-Bbls. 86	Gas-MCF 39

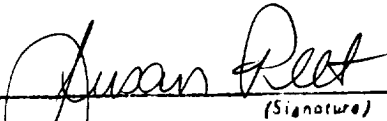
GOR 1772:1

GAS WELL

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

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 above is true and complete to the best of my knowledge and belief.


(Signature)

Accounting Analyst

(Title)

(Date)

OIL CONSERVATION DIVISION

JUN 27 1985

APPROVED _____, 19____

BY _____
Original Signed By
Les A. Clements

TITLE _____
Supervisor District II

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 filled for each pool in multiply completed wells.