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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

MOORE, DEBRA ANN

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-401 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico
(Place)

June 29, 1962
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Tenneco Corporation * State Tract **04 4303**, Well No. **1**, in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)
C Unit Letter, Sec. **35**, T. **10-S**, R. **33-E**, NMPM., **Undesignated** Pool

See County. Date Spudded **5/12/62** Date Drilling Completed **6/18/62**

Please indicate location:

D	C	B	A
E	X		
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			

Elevation **4196 ft.** Total Depth **9788** PBD **9747**

Top Oil/Gas Pay **9659** Name of Prod. Form. **Dough "C"**

PRODUCING INTERVAL -

Perforations **9663-9667**

Open Hole Depth Casing Shoe **9786** Depth Tubing **9617**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): **174** bbls. oil, **0** bbls water in **18** hrs, **0** min. Size **11/64"**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Added w/500 gals mud acid**

Casing Tubing Date first new Press. **Packer** Press. **1200** oil run to tanks **6/25/62**

Oil Transporter **The McWood Corporation**

Gas Transporter **None**

Remarks: ***By its Managing Agent Tenneco Oil Company**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

Tenneco Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **A.W. Lang**
(Signature)

A.W. Lang

By: **Leslie A. Clement**

Title: **District Production Superintendent**

Send Communications regarding well to:

Title _____

Name: **Tenneco Oil Company**

Address **P. O. Box 307, Hobbs, New Mexico**