

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

3. OF COPIES RECEIVED	
DISTRIBUTION	
NTA FE	
LE	
S.G.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator Tenneco Oil Company

Address Box 1031 McAdams, Texas 79701

Reason(s) for filing (Check proper box)

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

Other (Please explain) Re-entry

If change of ownership give name and address of previous owner 38.11.1.1.1.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>David Federal</u>	<u>2</u>	<u>Bugh Penno Penn</u>	State, Federal or Fee <u>Federal</u>	<u>NM 0558135</u>
Location				
Unit Letter	<u>D</u>	<u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>		
Line of Section	<u>18</u>	Township <u>9-S</u>	Range <u>36-E</u>	County <u>Lea</u>

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum</u>	<u>PO Box 900 Dallas Texas 75221</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Warren Petroleum</u>	<u>Box 1589 Tulsa</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>M 7 9-S 36-E</u>	<u>yes</u> <u>10-20-69</u>

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>4/10/50</u>	<u>12/12/50</u>	<u>9770</u>	<u>9720</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>4109 DF</u>	<u>Bugh C</u>	<u>9567</u>	<u>9567</u>					
Perforations	Depth Casing Shoe							
<u>14 1/2" 1 TSF 9642, 43, 44, 45, 46, 47, 58, 59, 60, 61, 62, 63, 64, 65</u>								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>376'</u>	<u>450 CK</u>
<u>12 1/4</u>	<u>8 5/8</u>	<u>4213'</u>	<u>2100 CK</u>
<u>7 3/8</u>	<u>5 1/2</u>	<u>9762'</u>	<u>225 CK</u>

V. 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

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>10-20-69</u>	<u>10-20-69</u>	<u>Flow</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24</u>			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>1418</u>	<u>218</u>	<u>1200</u>	<u>45</u>

GAS WELL

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

W. L. Hatfield (Signature)
Production Clerk (Title)
October 21, 1969 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John A. Hatfield
TITLE _____

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 filed for each pool in multiply

Debit to Money

Sept 20	5382	3 $\frac{3}{4}$
	5787	2 $\frac{1}{4}$
	5919	2 $\frac{1}{2}$
	6420	1 $\frac{1}{2}$
	6700	1
	7060	1
	7420	1
	7670	1
	8085	1
	8320	1 $\frac{1}{2}$
	8480	1 $\frac{1}{2}$
	8632	1 $\frac{1}{2}$
	8952	1 $\frac{1}{4}$
	9347	1
	9590	1 $\frac{1}{2}$
	9595	1 $\frac{1}{2}$
Sept 20		

If the above and their interest to the credit of my friends (p)

W. L. McFarland

Witnessed and signed 21st day of October, 1969

Deane Ogman

Notary Public and for
Wichita County, Texas

