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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND OFFICE OF O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
JUN 27 2 42 PM '69

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator Tenneco Oil Company  
Address P.O. Box 1031, Midland Texas  
Reason(s) for filing (Check proper box)  
New Well ☐ ~~Change~~ Transporter of: ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐  
Other (Please explain) Effective - Aug 1, 1968

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Maursey Well No. 1 Pool Name, Including Formation Wada Penn Est. Kind of Lease State, Federal or Fee  
Location  
Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East  
Line of Section 14 , Township 9S Range 34E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Mobil Pipe Line Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 900 Dallas Texas 75221  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Warren Petroleum Corp. Address (Give address to which approved copy of this form is to be sent)  
Box 589 Tulsa, Okla. 74102  
If well produces oil or liquids, give location of tanks. Unit B Sec. 14 Twp. 9S Rge. 34E  
Is gas actually connected? Yes When undetermined

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.  
Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ P.B.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 \_\_\_\_\_

GAS WELL  
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.  
Thelma Payne  
(Signature)  
Clerk General  
(Title)  
6-25-69  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED JUN 25 1969, 19\_\_\_\_\_  
BY [Signature]  
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 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.