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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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Tenneco Oil Company	
Address P. O. Box 1031, Midland, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Deen	Well No. 1	Pool Name, Including Formation Vada (Penn) R-3979	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u>				
Line of Section <u>9</u> Township <u>9S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipe Line Company (Trucks)	Box 900, Dallas, Texas - 75221
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None at this time - Gas vented	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>9</u> Twp. <u>9S</u> Rge. <u>36-E</u> Is gas actually connected? <u>No</u> When <u>1</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded April 13, 1970	Date Compl. Ready to Prod. May 22, 1970		Total Depth 9930' KDB		P.B.T.D. 9888' KDB			
Elevations (DF, RKB, RT, GR, etc.) 4064 G.L.	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9814' KDB		Tubing Depth 9841' KDB			
Perforations 9814, 9818, 9820, 9822, 9826, 9828, 9830 and 9836 (8 holes)					Depth Casing Shoe 9930			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		372'		375			
11"	8-5/8"		4135'		950			
7-7/8"	5-1/2"		9930'		185			
	2-7/8"		9841'					

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 5-22-70	Date of Test 5-22-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 1560 Bbls. Fluid	Oil-Bbls. 360	Water-Bbls. 1200	Gas-MCF 342

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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Carley Hatterson
(Signature)
Senior Production Clerk
(Title)
May 22, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 1 1970, 19
BY Leslie A. Clements
TITLE Oil & Gas Inspector

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 completed wells.