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

NEW MEXICO OIL CONSERVATION COMM. ON
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

I.

Operator <i>Tenneco Oil Company</i>	
Address <i>Box 1031 Midland, Texas</i>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/1/71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Castal State</i>	Well No. <i>2</i>	Pool Name, Including Formation <i>Trinity "M" (Penn)</i>	Kind of Lease <input checked="" type="radio"/> State, <input type="radio"/> Federal or <input type="radio"/> Fee	Lease No. <i>L-188</i>
Location Unit Letter <i>B</i> : <i>660</i> Feet From The <i>North</i> Line and <i>1980</i> Feet From The <i>East</i>				
Line of Section <i>9</i> Township <i>9-S</i> Range <i>33-E</i> , NMPM, <i>San</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <i>Mobile Oil Co. (Truck)</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 900 Dallas Texas 75221</i>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Mobile Oil Co. (Truck)</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 900 Dallas Texas 75221</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>B</i>	Sec. <i>9</i>
	Twp. <i>9-S</i>	Rge. <i>33-E</i>
	Is gas actually connected? <i>no</i> When <i>indefinite</i>	

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 <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 <i>5-13-71</i>	Date Compl. Ready to Prod. <i>7-1-71</i>	Total Depth <i>9490</i>		P.B.T.D. <i>9414</i>					
Elevations (DF, RKB, RT, etc.) <i>4377 GR</i>	Name of Producing Formation <i>Burgess C</i>	Top Oil/Gas Pay <i>9372</i>		Tubing Depth <i>9385'</i>					
Perforations <i>9372'-9392' 11 shots, 1 shot per 2 feet</i>		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<i>17-1/2"</i>	<i>13-3/8"</i>		<i>361'</i>		<i>375</i>				
<i>11"</i>	<i>8-5/8"</i>		<i>3950'</i>		<i>950</i>				
<i>7 7/8"</i>	<i>5-1/2"</i>		<i>9490'</i>		<i>375</i>				
	<i>2-3/8"</i>		<i>9385'</i>						

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 <i>6-20-71</i>	Date of Test <i>7-1-71</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24</i>	Tubing Pressure <i>-</i>	Casing Pressure <i>-</i>	Choke Size <i>-</i>
Actual Prod. During Test <i>368</i>	Oil-Bbls. <i>114</i>	Water-Bbls. <i>254</i>	Gas-MCF <i>266.76</i>

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

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.

Carley Watkins
(Signature)
Sr. Prod. Clerk
(Title)
7/2/71
(Date)

OIL CONSERVATION COMMISSION

APPROVED *JUL 6 1971* 19

BY *[Signature]*
TITLE *SUPERVISOR DISTRICT I*

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.

Deviation Surveys

Depth

Inclination (degrees)

360	$\frac{1}{4}$
869	$\frac{1}{4}$
1370	$\frac{1}{2}$
1872	$\frac{1}{2}$
2400	$\frac{3}{4}$
2780	$1\frac{3}{4}$
3096	$1\frac{3}{4}$
3478	1
3800	1
3945	$\frac{3}{4}$
4510	$\frac{3}{4}$
5045	$\frac{1}{2}$
5554	$\frac{3}{4}$
6091	$\frac{1}{2}$
6590	$\frac{3}{4}$
7440	$\frac{3}{4}$
7952	1
8115	$1\frac{1}{2}$
8280	$\frac{3}{4}$
8435	$\frac{3}{4}$
8535	$\frac{1}{2}$
8890	$\frac{1}{2}$
9100	$1\frac{1}{2}$
9485	$\frac{3}{4}$

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

Carley Watkins

Sworn to before me this 2nd day of July, 1971

Eulene G. Seago

Notary Public in and for
midland County, Texas

RECEIVED

JUL - 6 1971

OIL CONSERVATION COMM.
HOBBS, N. M.