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

NEW MEXICO OIL CONSERVATION COM. ON  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator  
**Tenneco Oil Company**

Address  
**720 So. Colorado Blvd., Denver, Colorado 80222**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

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

II. DESCRIPTION OF WELL AND LEASE

\*NM-0127782

Lease Name <b>Federal 24</b>	Well No. <b>7</b>	Pool Name, including Formation <b>Chaveroo San Andres</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>*</b>
Location				
Unit Letter <b>B</b>	<b>1980</b> Feet From The	<b>East</b> Line and	<b>660</b> Feet From The	<b>North</b>
Line of Section <b>24</b>	Township <b>7S</b>	Range <b>33E</b>	NMPM, <b>Roosevelt</b>	County

III. 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)
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)
<b>Cities Service Company</b>	<b>Box 300, Tulsa, Oklahoma 74102</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	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 oil able 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 (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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.

A. D. Meyer  
 (Signature)  
 Division Production Manager  
 (Title)  
1-26-78  
 (Date)

OIL CONSERVATION COMMISSION

**FEB 3 1978**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Tom Clements  
 Oil & Gas Insp.

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all able on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multi-