## CAND COPPLY

## REQUEST FOR ALLOWAREE

	TRANSPORTER		AND				
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
١.	Charator OFFICE		····				
	Stringer Oil & Gas						
	Address						
	8700 Crownhill Blvd., Suite #403, San Antonio, Texas 78209						
	Reoson(s) for tiling (Check proper box)  Other (Please explain)						
	New Well	Change in Transporter of:					
	Recompletion	OII Dry (	Cos 🔲				
	Change in Ownership X	Casinghead Gas Cond	ensate				
	If change of ownership give name and address of previous owner	Tenneco Oil Company, 79	990 IH-10 West, Sa	an Antoni	o, Texas 78230		
	DESCRIPTION OF WELL AND LEASE						
	Federal 26	Well No. Pool Name, Including	1	Kind of Lease		Lease No.	
	Location	5 Chaveroo (San	n Andres)	State, Federal	orF•• Federal I	M0108997	
		980 Feet From The South L	tne and 1980	Feet From T	h Fact		
				_ 1 ( ( 1 / 10 / 10 / 10 / 10 / 10 / 10 /			
	Line of Section 26 To	waship 7S Range	33E , NMPM,	Roose	evelt	County	
·.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  None of Authorized Transporter of C11 X or Condensate Address (Give address to which approved copy of this form is to be sent)						
	Mobil Pipe Line Comp	· ·					
	Name of Authorized Transporter of Cas	P. O. Box 900, Dallas, Texas 75221  Address (Give address to which approved copy of this form is to be sent)					
	Cities Service Compa	any					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected	P. O. Box 1919, Midland, Texas 79702			
	give location of tanks.	J 26 7S 33E	yes	i			
	If this production is commingled with that from any other lease or pool, give commingling order number: CTB-161						
	Designate Type of Completic	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Hesty	. Diff. Resty	
		<u></u>	<u> </u>	i i		•	
1	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
ŀ	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		Toler D. A.		
İ	on, they		Top Oily Gus Puy		Tubing Depth		
	Perforations				Depth Casing Shoe		
				•			
		TUBING, CASING, AN	D CEMENTING RECORD	<del></del>			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	Γ ]	SACKS CEME	NT	
-	·		<u> </u>				
- }	<u> </u>						
٠.	TEET DATA AND DEOUTET FO	DR ALLOWARD F		<u> </u>			
	EST 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. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.)						
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift,	eic.)		
	Length of Test	Tubing Pressure	Casing Pressure		Choxe Sixe		
-  -	A south Book B						
	Actual Prod. During Test	ОП-Выв.	Water - Sbis,	ĺ	Gas-MCF		
•	_			1			
	RAS WELL Actual Fred. Tool-MCF/D						
- 1	Activaly feet. Feet-MCF/D	Length of Test	Bbis. Condensate/ABSCF		Gravity of Condensate		
}-	Testing Method (publ. Each pr.)	Tubing Piessue (shot-in)	Coming Pressure [ Ebut-1				
			County Process (Ender-1	",	Choke Sixe		
'. C	hereby certify that the rules and regulations of the Oil Conservation irision have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION				
			18800VED NOV 1 0 1000				
1.			APPROVED NOV 18 1983 19				
٠			BY	ORIGINAL SIGNED BY JERRY SEXTON			
			ORIG	INAL SIGNE	D BA TEKKA SEYLOW		
			This form is to be filed in compliance with rule 1104.				
/							
7	1 Comments of the second		If this is a request for allowable for a new by difficult transfer and soll, this force is the accompanied by a teleficiation of the companies				
	the above of Dismith was	•	tests takes on the wa	11 10 40 4	CON WITH MOLE 111.	··· · · · · · · · · · · · · · · · · ·	

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## NEW MEXICO OIL CONSERVATION COM

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1		
U.S.G.S.	AUTHORIZATION TO TOA	Effective 1-1-65			
LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS		
TRANSPORTER OIL					
OPERATOR GAS	_				
PRORATION OFFICE	1				
Tenneco Oil Company					
Address Company		to the same of the			
	vd., Denver, Colorado <sup>©</sup> 80	)222			
Reason(s) for filing (Check proper box New Well		Other (Please explain)			
Recompletion	Change in Transporter of:  Oil Dry Gas	s ,			
Change in Ownership	Casinghead Gus 🗓 — Canden	== 1			
If change of ownership give name					
and address of previous owner					
DESCRIPTION OF WELL AND			*NM-0108997-A		
Federal 26	Well No. Poor Name, Including Fo		cr Fee Fodoral *		
Location	3 Chaver do San	Andres   State, reserve.	crFee Federal *		
Unit Letter J	1980 Feet From The South Line	e and 1980 Feet From T	he East		
	waship 7S Range 3	25	Page avalt		
Line of Section 40 To	waship /3 Range 3	OE , NHPM,	ROOSEVELL County		
	TER OF OIL AND NATURAL GA				
Name of Authorized Transporter of OL	cr Condensate	Address (Give address to which approv	ed copy of this form is to be sent)		
Name of Authorized Transporter of Ca	singhead Gas 💢 or Dry Gas 🚞	Aditess (Give address to which approv	ed copy of this form is to be sent)		
Cities Service Company		Box 300, Tulsa, Oklahom	ma 74102		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected? Whe	n		
	ith that from any other lease or pool,	give commingling order number			
COMPLETION DATA					
Designate Type of Completi	on - (X)   Oil Well   Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty		
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		<u>i</u>	Depth Casing Shoe		
HOLE SIZE	CASING & TUBING SIZE	CEMENTING RECORD  DEPTH SET	SACKS CEMENT		
	-				
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	ter recovery of total volume of load oil a	nd must be equal to or exceed top allow		
OIL WELL	able for this de	pth or be for full 24 hours)   Producing Method (Flow, pump, gas life	r ata l		
Date First New Oil Run To Tanks	Edie of lear	Producing Method (Flow, pamp, gas ii)	i, eic./		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Ott-Bbis.	Water - Bbis.	I Guar MCF		
Actual Prod. During Test	O::- EB.8.	110.01 - 22.01	Gus		
			<u> </u>		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	Sold, Colidandalay MMCr	Givery or Condentate		
Testing Method (pitot, back pr.)	Tubing Freesure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIAN	CE		TION COMMISSION		
I hereby certify that the rules and	regulations of the Oil Conservation	I ALLKOVED	978		
Commission have been complied	with and that the information given e best of my knowledge and belief.	Orig	Signed by		
adore is that and complete to th		Le	& Clements & Gas Insp.		
D. D. 12	nen	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despense			
10.5.	17.77	well, this form must be accompar tests taken on the well in accom	ied by a tabulation of the deviation		
Division Production	1 Manager	All sections of this form mus	it be filled out completely for allow		

All sections of this form must be illied out completely for allow able 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