	NO. OF COPIES RECEIVED	7				
	DISTRIBUTION	NEW MEYICO OIL CONSERVATION COMMINMEN				
	SANTA FE	NEW MEXICO OIL CONSERVATION COMMINISTS OF FIGURE 1-1-65 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	FILE					
	U.S.G.S.					
	LAND OFFICE	Je M 'Ec				
	TRANSPORTER OIL	·	um.)			
	GAS					
	OPERATOR DECLARATION	_				
1.	PRORATION OFFICE Operator					
	Tenneco Oil Company					
	Address					
	P. O. Box 1031 Midland, Texas					
	Reason(s) for filing (Check proper box	*)	Other (Please exp	olain)		
	New Well	Change in Transporter of:				
	Recompletion	Oil X Dry Ga	ts 🔲			
	Change in Ownership	Casinghead Gas Conder	nsate			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F.	overetten Lein	nd of Lease	- No	
	Lease Name			te, Federal or Fee State	Lease Nc. OG4897	
	State "V"	1 Chaveroo San	Andres	JCALE	VG+03/	
		60 Feet From The north Lin	ne and 660 F	eet From The West		
	Line of Section 30 To	ownship 7-south Range 3	34-east , NMPM,	Roosevelt	County	
III.		TER OF OIL AND NATURAL GA		high approved copy of this form is	to be cent)	
			Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas XXX 75221			
	Mobil Pipeline Co Name of Authorized Transporter of Ca		Address (Give address to wi	hich approved copy of this form is	75221 to be sent)	
		-			· ·	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 30 7-S 34-E	is gas actually connected?	When		
				mbar		
	If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,	give comminging order au	noer:		
	Designate Type of Completi	Oil Well Gas Well	1	Deepen Plug Back Same Re	s'v. Diff. Res'v.	
			X	1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	7-25-66 Elevations (DF, RKB, RT, GR, etc.)	8-12-66 Name of Producing Formation	Top Of Gas Pay	Tubing Nepth	/	
	4320 GL	San Andres	2 4110	4210		
	Perforations One 3/8" Jet					
	one 3/6 Sec	4256, 4247, 4234, 4231,				
			CEMENTING RECORD	4345		
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CB	MENT	
	11	8-5/8	362	140		
	7-7/8	4-1/2	4348	520	7.	
	4-1/2 casing	2-3/8	4210	Tubing		
V.	TEST 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 for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	imp, gas lift, etc.)		
	8-30-66 Length of Test	Tubing Pressure	Casing Pressure	Choke Size	,	
	Actual Prod. During Test	Oil-Bbla.	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 (Shut-in)	Casing Pressure (Shut-in) Choke Size		
VI.	CERTIFICATE OF COMPLIAN	ice	OIL COM	NSERVATION COMMISSIO	ON	
			5			
	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.		APPROVED, 19			
			BY PRODUCE TOOLS			
	Z1.		TITLE TRANSPORTED TO STATE OF			

J. F. Carnes

Dist. Prod. Eng.

November 22, 1966 (Date)

(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 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.