DIS	TRIBUTION	
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## NEW MEXICO OIL CONSERVATION COMMISSION (Form C-164) Santa Fe, New Mexic. (Form C-164) Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gai must be reported on 15.025 psia at 60° Fahrenheit.

(Place)   (Date)     VE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:	red into	o the str	ock tanks	s. Gat musi	t be reported on 15.025 priz at 0	Midland, Texas		12-2	9-64
Tenneco 011 Company   USA-Reno 011. Co.   Well No.   2   in   SW. Y.   SW. Y.     (Company or Operator)   Item   (Lase)   Well No.   2   in   SW. Y.   SW. Y.     M   Sec.   3   T.   15-5   R   31-E   NMPM.   Understand   Po     Chaves   County. Date Spudded.   12-8-64   Date Drilling Completed   12-16-64     Please indicate location:   County. Date Spudded.   12-8-64   Date Drilling Completed   12-16-64     Please indicate location:   County. Date Spudded.   12-8-64   Date Drilling Completed   12-16-64     Please indicate location:   Top 011/Gas Pay   3160   Mame of Prod. Form.   Queen Sand     PBODCING INTERVAL   -   Perforations   3162-3168   Depth     Open Hole   Casing Shoe   3218   Depth   Open Hole   Casing Shoe   3218   Tubing Only 3140     OI: WELL TEST   Natural Prod. Test:   bbls.oil,   bbls water in   hrs.   Ochok   Choke     X   I   I   Natural Prod. Test:   bbls.oil,   bbls water in   24 hrs. <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>(Date)</th>									(Date)
Tenneco 011 Company   USA-Reno 011. Co.   Well No.   2   in   SW. Y.   SW. Y.     (Company or Operator)   Item   (Lase)   Well No.   2   in   SW. Y.   SW. Y.     M   Sec.   3   T.   15-5   R   31-E   NMPM.   Understand   Po     Chaves   County. Date Spudded.   12-8-64   Date Drilling Completed   12-16-64     Please indicate location:   County. Date Spudded.   12-8-64   Date Drilling Completed   12-16-64     Please indicate location:   County. Date Spudded.   12-8-64   Date Drilling Completed   12-16-64     Please indicate location:   Top 011/Gas Pay   3160   Mame of Prod. Form.   Queen Sand     PBODCING INTERVAL   -   Perforations   3162-3168   Depth     Open Hole   Casing Shoe   3218   Depth   Open Hole   Casing Shoe   3218   Tubing Only 3140     OI: WELL TEST   Natural Prod. Test:   bbls.oil,   bbls water in   hrs.   Ochok   Choke     X   I   I   Natural Prod. Test:   bbls.oil,   bbls water in   24 hrs. <th>VE ARI</th> <th>E HER</th> <th>EBY RE</th> <th>QUESTI</th> <th>NG AN ALLOWABLE FOR A</th> <th>WELL KNOWN</th> <th>AS:</th> <th></th> <th></th>	VE ARI	E HER	EBY RE	QUESTI	NG AN ALLOWABLE FOR A	WELL KNOWN	AS:		
Unit   Date   Derilling Completed   12-16-64     Please indicate location:   Elevation   4410   GL   Total Depth   3218   PBTD   3184     D   C   B   A   Elevation   4410   GL   Total Depth   3218   PBTD   3184     D   C   B   A   Perforations   3162-3168   Depth   Queen Sand     E   F   G   H   Open Hole   Casing Shoe   3218   Depth     L   K   J   I   None   P   Open Hole   Casing Shoe   3218   Depth     M   N   O   P   Itest After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of coil equal	Ten	neco 0 (Compan	il .Con	pany	USA-Reno Oil Co. (Lease)	, Well No2	, in		
Unit   Date   Derilling Completed   12-16-64     Please indicate location:   Elevation   4410   GL   Total Depth   3218   PBTD   3184     D   C   B   A   Elevation   4410   GL   Total Depth   3218   PBTD   3184     D   C   B   A   Perforations   3162-3168   Depth   Queen Sand     E   F   G   H   Open Hole   Casing Shoe   3218   Depth     L   K   J   I   None   P   Open Hole   Casing Shoe   3218   Depth     M   N   O   P   Itest After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of coil equal	М		, Sec		., <b>T</b> . <u>15-S</u> , <b>R</b> . <u>31-E</u>	NMPM.,	Undest	gnated	Pool
Please indicate location:   Elevation   44.10   Cl.   Total peptin   Selo   Point   Jett     D   C   B   A   Producting information in the period information info									
Please indicate invalue   Output   Top 01/Gas Pay_3160   Name of Prod. Form.   Queen Sand     D   C   B   A   PRODUCING INTERVAL   -     E   F   G   H   Perforations_3162-3168   Depth     D   C   B   A   Perforations_3162-3168   Depth     E   F   G   H   Open HoleCasing Shoe_3218   Tubing_3140     OIL WELL TEST -   Natural Prod. Test:  bbls.oil,bbls water inhrs,min. Size  Choc     M   N   O   P   Ital Subls.oil,bbls.oil,bbls water in 24 hrs, 0 min. Size  Choc     GAS WELL TEST -					Elevation 4410 GL		3218	PBTD	3184
D   C   B   A   PRODUCING INTERVAL -     E   F   G   H   Open Hole   Depth Casing Shoe   Depth 3218   Depth Tubing   Depth 3140     L   K   J   I   Natural Prod. Test:   bbls.oil,   Depth Casing Shoe   Depth 3218   Depth Tubing   Depth 3140     M   N   O   P   Itst After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of choice of the load oil used):   113   bbls.oil,   1   bbls water in 24 hrs, O_min. Size     M   N   O   P   Itst After Acid or Fracture Treatment (after recovery of volume of choice of the choice of	P	lease in	dicate lo	cation:					
E   F   G   H   Open HoleCasing Shoe_3218   Tubing_3140     L   K   J   I   Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size     M   N   O   P   Itst After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 113_bbls.oil,bbls water in 24_hrs, O_min. Size     Y   N   O   P     X   N   O   P     X   Natural Prod. Test:bbls.oil,bbls water in 24_hrs, O_min. Size     GAS WELL TEST -   GAS WELL TEST -     Y   Natural Prod. Test:MCF/Day; Hours flowedChoke Size     (FoorActe)   Natural Prod. Test:MCF/Day; Hours flowedChoke Size     Sirr   Fret   Sax     Sire   Fret   Sax     4   1/2   3218   40     Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, an and):10,000 gals. Lo & 10 & 52 oil run to tanks2-25-64     Y   Y   Y   Oil TransporterContinental Pipe Line Company     Oil TransporterNone   Gas TransporterNone   None	D	С	B		PRODUCING INTERVAL -				
E   F   G   H   Open HoleCasing Shoe3218   Tubing3140     L   K   J   I   Oll WELL TEST								Depth	
L   K   J   I   Natural Prod. Test:bbls.oil,bbls water inhrs,min. Sizefor the prod. Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used):bbls.oil,bbls.water in 24_hrs, O_min. Size     M   N   O   P     X   O   P   Description of the prod. Test:bbls.oil,bbls.water in 24_hrs, O_min. Sizebbls.water in 24_hrs, O_min. Sizechoke for the prod. Test:bbls.water in 24_hrs. In 24_hrs. In 24_hrs. In 24_hrs. In 24_hrs. In 24_hrs	E	F	G	н		Casing Shoe_	3218	Tubing	3140
M   N   O   P   load oil used): 113 bbls,oil, bbls water in 24 hrs, O min. Size     GAS WELL TEST -     990' FSL & 330' FWL (FoorAGE)   Natural Prod. Test:MCF/Day; Hours flowedChoke Size     Bathod of Testing (pitot, back pressure, etc.):	L	K	J	I	Natural Prod. Test:b				
X   GAS WELL TEST -     990' FSL & 330' FWL (FoorAGE)   Natural Prod. TestiMCF/Day; Hours flowedChoke Size     Butine, J. Ing and Cementing Record   Method of Testing (pitot, back pressure, etc.):	M	N	0						
(FoorAGE)     Method of Testing (pitot, back pressure, etc.):									
Butting, 3. ing and Community Record   Method of Testing (pitot, back pressure, etc.):     Surr   Feet   Sax   Test After Acid or Fracture Treatment:   MCF/Day; Hours flowed     8 5/8   371   250   Choke Size   Method of Testing:   McF/Day; Hours flowed     4 1/2   3218   40   Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, an sand): 10,000 gals. LO & 15,000 # sand     2 3/8   3140   Casing   Tubing   Date first new     9 Press.   30   Press.   25   oil run to tanks   12-25-64     0il Transporter   Continental Pipe Line Company   Gas Transporter   None		/ Foort	ACES						
8 5/8   371   250     4 1/2   3218   40     2 3/8   3140     Casing   Tubing     Press.   30     Press.   25     011   Transporter     Continental Pipe Line Company     Gas Transporter   None	Luting ,	,Suiter	and Ceme						
8 5/8   371   250     4 1/2   3218   40     Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, an sand):10,000 gals. LO & 15,000 # sand     2 3/8   3140     Casing   Tubing     Press.   30     Press.   25     0il Transporter   Continental Pipe Line Company     Gas Transporter   None	Size		Feet	548					
4   1/2   3218   40   Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, an sand):10,000 gals. LO & 15,000 # sand     2   3/8   3140   Casing Tubing Date first new Press. 25 oil run to tanks 12-25-64     0   17 Transporter Continental Pipe Line Company     Gas Transporter None				050	Choke SizeMethod cf	Testing:			
23/83140 Casing Tubing Date first new Press.   23/83140 Press.   30 Press.   25 oil run to tanks   12-25-64   011   011   Casing Tubing Date first new Press.   25   011   Casing Tubing Press.   25   011   Casing Tubing Press.   25   011   Casing Press.   Continental Pipe Line Company   Gas Transporter					Acid or Fracture Treatment (Gi sand):10,000 gals. IO 8	ve amounts of materi 15,000 # sand	als used, su	ich as acid, wa	iter, oil, and
Continental Pipe Line Company   Gas Transporter     None					Casing Tubing Press. 30 Press. 25	Date first new oil run to tanks_	12-25	-64	
Gas Transporter None	23/	8	3140		Cil Transporter Cont	inental Pipe L	ine Comp	any	
Kemarks :	••••••••••••••••••••••••••••••••••••••							•••••••••••••••••••••••••	•••••
	kemark	s:		••••••••	••••••			••••••	••••••
		ereby c	ertify th	a. the info	ormation given above is true an	d complete to the be	st of my kn	owledge.	
I hereby certify that the information given above is true and complete to the best of my knowledge.				A	, 19	A lenn			····· •· ···
I hereby certify that the information given above is true and complete to the best of my knowledge. Approved	[	DIL C	CONSEI	RVATION	I COMMISSION 1	By: 1012	OW (Signati	are) R.O.	Bowery
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Approved						Перет	eco 011	Company	
Approved	1 IUE		,			AddressBox	1031, M	idland, Te	x8.8