NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSPORTER	GAS		
OPERATOR			
PRORATION OFFICE			

## LEW MEXICO OIL CONSERVATION COMMISSIC. REQUEST FOR ALLOWABLE

THEAND FIRE G. C. C.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Aug 13 4 51 AM '68

Supersedes Old C-104 and C-110 Effective 1-1-65

		OIL	l			י כוטטח			
	TRANSPORTER	GAS							
	OPERATOR			]					
1	PRORATION OF	FICE		<u> </u>					·····
••	Operator				•				
	Tenneco Oi	1 Compa	any						,
	Address								
	P. O. Box	1031 1	Midla	nd, Texas 79	9701				
	Reason(s) for filing					•	Other (Please		
	New Well			Change in Tran	asporter of:		Change f	rom Mobil "A" State	e, Well No. 2
		Ħ		Oil		Dry Gas		Queen Unit, Well No	
	Recompletion	H		Casinghead Ga		Condensate		re 8-1-68	
	Change in Ownershi	PL		Custingneda Ga			HITCCOIV	<u> </u>	
II.	and address of pre			LEASE				Kind of Lease	i.egse No.
	Lease Name			Well No. Pool	l Name, Inclu	ding Formation		_	1
	Mesa Queer	unit_		8	Mesa Q	ueen		State, XXXXXXXXXXX	E-6485
,	Location								•
	Unit Letter	; ;	<u>. 19</u>	980 Feet From Th	e North	$\underline{\hspace{0.1cm}}$ Line and $\underline{\hspace{0.1cm}}$	.980	Feet From The East	· · · · · · · · · · · · · · · · · · ·
	<u></u>			- (-	_	207	AT 450	, T	County
	Line of Section	<u> 16 </u>	То	wnship 16S	Rang	<sub>1e</sub> 32E	, NMPN	. Lea	
Ш	. DESIGNATION (	OF TRAN	NSPOR	TER OF OIL AND	<u>D NATURA</u>	L GAS	(Cina address	to which approved copy of this	form is to be sent)
	Name of Authorized	i Transport	ter of Oi	or Conder	nsate 🔲	ı			
	Tevas-New	Morriso	na-	. Tilana Maumani	7.7	1 D A	1 Bov 15	10 Midland, Texas	79701
	TOMOUS TICH	MCVTCC	LTD	E Line Compan	or Dry Gas		(C)	to which approved copy of this	form is to be sent)

	Phillips Petroleum Com	mnany		Philli	ps Bldg.	Odessa,	Texas	79760	
		Unit Sec. Twp.	. Rge.		ally connected				
	If well produces oil or liquids, give location of tanks.	1 '	S 32E	Yes		I	8-6-63	·	
	If this production is commingled wit	th that from any other le	ase or pool,	give commit	ngling order i				
IV.	COMPLETION DATA  Designate Type of Completic	on - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	Date Spudded	Date Compl. Ready to Pr	rod.	Total Depth	<u>i                                     </u>		P.B.T.D.	L	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	ation	Top Oil/Go	is Pay		Tubing Dep	th	
	Perforations	<u> </u>		<u> </u>			Depth Casir	ng Shoe	
		TUBING.	CASING, ANI	CEMENTI	NG RECORE	)			
	HOLE SIZE	CASING & TUBI			DEPTH SE		S	ACKS CEMEN	<u> </u>
				<del></del>					
				<del>                                     </del>					

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test

CAC WELL			
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bols. Condensate/ Wilvict	
Testing Method (pitot, 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.

1.	J. Com	. ت صو	F. Carne
	•	Signature)	
/	District	Production	Engineer .
		(Tiela)	

August 7, 1968 (Date)

OIL CONSERVATION COMMISSION

APPROVED /	1965	. 19
By John	w. Dungan	
51	o dogist	

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.