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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator  
Tenneco Oil Company  
Address  
1860 Lincoln Street, Suite 1200, Denver, Colorado 80295  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Change in name from State "B" #2 due to completion in Lower Wolfcamp.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kemnitz Wolfcamp Unit	Well No. 31	Pool Name, including Formation Lower Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>16S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Room B-2, Phillips Bldg., Odessa, Texas					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>21</u>	Twp. <u>16S</u>	Rge. <u>34E</u>	Is gas actually connected? Yes	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'v.
<u>X</u>						<u>X</u>		
Date Spudded Plug back = 6-13-77	Date Compl. Ready to Prod. 6-20-77		Total Depth 11,596'		P.B.T.D. 10,890'			
Elevations (DF, RKB, RT, GR, etc.) 4114'	Name of Producing Formation Lower Wolfcamp		Top Oil/Gas Pay 10742'		Tubing Depth 10,700'			
Perforations 2 JSPF from 10742' - 10744' and 10750' - 10762'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	13-3/8"		350'		400 sacks			
11"	8-5/8"		4553'		2200 sacks			
7-7/8"	5-1/2"		11594'		490 sacks			

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks July 1, 1977	Date of Test 7-28-77	Producing Method (Flow, pump, gas lift, etc.) gas lift	
Length of Test 24 hours	Tubing Pressure -0-	Casing Pressure -0-	Choke Size None
Actual Prod. During Test	Oil-Bbls. 10	Water-Bbls. 30	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

[Signature]  
(Signature)  
Division Production Manager  
(Title)  
5-1-77  
(Date)

OIL CONSERVATION COMMISSION  
AUG 5 1977  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY [Signature]  
TITLE SUPERVISOR DISTRICT I  
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