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

II.

11.

IV.

v.

VI.

EW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE

AND BS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL

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

LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (5A5
OIL		Aug 13 4 -1 AM '68	
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE	1		
Operator			
Tenneco Oil Company			
Address Don 1001 Mail	3 M	•	
P. O. Box 1031 Midlan	, , , , , , , , , , , , , , , , , , , ,		
Reason(s) for filing (Check proper box)		Other (Please explain)	a that are a same
New We'l	Change in Transporter of: Oil Dry Gas		1 "B" State, Well No. 1
Recompletion Change in Ownership	Casinghead Gas Conden		
Change in Ownership	Control Control	sate L Effective 8-1-68	•
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND I	LEASE		
Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Leas	e Lease No.
Mesa Queen Unit	7 Mesa Queen	State, Keden	XXXXX E-11214
Location			
Unit Letter F ; 1980	Feet From The West Line	e and 1980 Feet From	The North
			
Line of Section 16 Tow	vnship 16S Range	32E , NMPM, Lea	County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of Oil		Address (Give address to which appro	
Texas-New Mexico Pipe	Line Company Singhead Gas V or Dry Gas	P. O. Box 1510 Midland Address (Give address to which appro	Texas 79701
'Name of Authorized Transporter of Cas	- "		_
Phillips Petroleum Com	Unit Sec. Twp. Rge.	Phillips Bldg. Odessa, Is gas actually connected? Wh	
If well produces oil or liquids, give location of tanks.	L 16 16S 32E		1-28-63
.			1-20-03
	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion	on = (X)		
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			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			1
TEST DATA AND REQUEST FO	JR ALLOWABLE (Test must be a) able for this de	fier recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF
	1		
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
	1		<u> </u>
CERTIFICATE OF COMPLIAN	C E	OIL CONSERVA	ATION COMMISSION
			119 14 1968
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied value is true and complete to the	with and that the information given best of my knowledge and belief.	BY John W.	unifan
•	-	s array.	ist /
		TITLE	M g

J. F. Carnes

District Production Engineer

(Title)

August 7, 1968

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.