

NO. OF WELLS	1
DATE OF OPERATION	
SANITARY	
FIELD	
UNIT	
LAND AREA	
TRANSPORTER	OIL
OPERATOR	GAS
REGISTRATION OFFICE	

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

Form C-104  
Supersedes C-104 and C-105  
Effective 1-1-60

MAY 15 11 43 AM '67

Tenneco Oil Company

Box 1031, Midland, Texas

Reasons for filing (check proper box)

Change in transporter of:  
Oil ☐  
Casinghead Gas ☐

Change in transporter of:  
Oil ☐  
Casinghead Gas ☐  
Dry Gas ☐  
Condensate ☐

Other (Please explain)

To authorize Permian Corporation  
to purchase condensate.

Change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
Corroco State E-7744		1	Mesa Queen	State, XXXXXXXXXX
Location	Unit Letter	Feet From The	Line and	Feet From The
	C	990	North	2310 West
	Range	Township	Range	County
16	16	32	NMPM, Lea	

III. TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	Box 3119, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	Room B-2, Phillips Bldg., Odessa, Texas
Is gas actually connected?	When
yes	January, 1964

If flow production is commingled with that from any other lease or pool, give commingling order number:

No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (OF, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforation		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Actual Prod. Total-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

J. F. Carnes  
(Signature)  
District Production Engineer  
(Title)  
May 15, 1967  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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 existing wells, well name or number, or transporter, or other such change of location.

Separate Forms C-104 must be filed for each pool in multiply completed wells.