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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF		

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1EW MEXICO OIL CONSERVATION COMMISSI

Form C-104

	SANIAFE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE		AND)	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS		
	LAND OFFICE					
	TRANSPORTER OIL		Aug 13 4 33 AM '68			
- 1	GAS		\1 3 g			
	OPERATOR					
1.	PRORATION OFFICE					
	Operator					
	Tenneco Oil Company					
	Address					
	P. 0. Box 1031 Midla:	nd, Texas 79701				
	Reason(s) for filing (Check proper box,)	Other (Please explain) Ch	ange from Shell Oil Compa		
	New Well	Change in Transporter of:	Ownership; And	to change well name and		
	Recompletion	Oil Dry Ga	s 🔲 number from "ST	ATE MQB", Well No. 1 to		
	Change in Ownership	Casinghead Gas Conden	^{isate} 🔲 'Mesa Queen Uni	t", Well No. 13		
. '			Effective 8-1-6	8.		
	If change of ownership give name and address of previous owner	Shell Oil Company P. O.	. Box 1858 Roswell, Ne	w Mexico 88201		
	and decided of provided owners					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Leas	Lease No.		
	Mesa Queen Unit	13 Mesa Queen	State, Reder	XXXXX K-1282		
	Location					
	Unit Letter I ; 196	80 Feet From The South Lin	e and 660 Feet From	The East		
	Onit Letter,,	Teet From Fine	1 65(1 10			
	Line of Section 17 Tov	wnship 16S Range	32E , NMPM,	Lea County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
	Name of Authorized Transporter of Oil		Address (Give address to which appro	oved copy of this form is to be sent)		
	 Texas-New Mexico Pine	Line Company	P. O. Box 1510 Midlan	d. Texas 79701		
Texas-New Mexico Pipe Line Company Name of Authorized Transporter of Casinghead Gas XXX or Dry Gas Address (Give address to which approved copy of this form is						
	Phillips Petroleum Com	****	Phillips Bldg. Odessa	Texas 79760		
		Unit Sec. Twp. Rge.		hen		
	If well produces oil or liquids, give location of tanks.	L 16 16s 32E	Yes	Unknown		
	•	th that from any other lease or pool,		VIII) WIII		
	COMPLETION DATA	th that from any other lease of pool,	give comminging order number.			
•••		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	$\operatorname{on} - (X)$				
	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		
9,	TEST DATA AND REQUEST F	OP ALLOWARY E (Test must be a	free recovery of total volume of load of	l and must be equal to or exceed top allow-		
٧.	OIL WELL		opth 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		
	_					
			<u>,i,</u>			
CAC WEST T						
	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		

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.

	L. Cornes	J. F. Carnes			
(Signature)					
· V	District Production	Engineer			
(Title)					
	August 7 3068				

(Date)

OIL CONSERVATION COMMISSION

APPROVE 30 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 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.