

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Tenneco Oil Company	
Address	
7990 IH 10 West, San Antonio, Texas 78230	
Transporter for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Condensing Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Include Transwestern as transporter on gas sold to spot market	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Kemnitz Deep	1	So. Kemnitz-Atoka-Morrow	State, Federal or Free	E-1387
Location				
Unit Letter	G	Feet From The	North	Line and
	2280		1980	Feet From The
			East	
Line of Section	29	Township	16S	Range
			34E	NMPM, Lea
				County

SIGNATURE OF 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)	
Texaco Trading and Transportation Company	P.O. Box 1142, Midland, TX 79702	
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Northern Natural Gas Co./Transwestern Pipeline Co.	401 Wall Tower West Midland, TX 79701	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	29
		16S
		34E
Is gas actually connected?	When	P.O. Box
Yes	11-9-78	1188 Ho, TX

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

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resist.	Diff. Resist.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.F.D.			
Elevations (H.F., R.E.B., 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

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	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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Mary Hall
(Signature)
Staff Production Analyst
(Title)
April 30, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 6 - 1986**, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
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.