

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROMOTION OFFICE	

Operator Tenneco Oil Company	
Address 6800 Park Ten Blvd, Suite 200 North San Antonio, Texas 78213	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>2/1/83</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE				
Lease Name State LF 28	Well No. 1	Pool Name, including Formation <u>Undes, Strawn</u>	Kind of Lease State, Federal or Fee State	Lease No. E-1769
Location				
Unit Letter <u>M</u>	: <u>660</u>	Feet From The <u>South</u> Line and <u>660</u>	Feet From The <u>West</u>	
Line of Section <u>28</u>	Township <u>16S</u>	Range <u>34E</u>	, NMPM, <u>Lea</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Production Trucks				Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001		
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)		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 28	Twp. 16S	Rge. 34E	Is gas actually connected? No	When

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 Res'v.	Diff. Res'v.
<u>X</u>		<u>X</u>		<u>X</u>					
Date Spudded 12/17/82	Date Compl. Ready to Prod. 2/3/83		Total Depth 13200'		P.B.T.D. 13084'				
Elevations (DF, RKB, RT, GR, etc.) 4102.1' GL	Name of Producing Formation Strawn		Top Oil/Gas Pay 12334'		Tubing Depth 12291'				
Perforations <u>12,334-12,350</u>					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"		383'		375				
11"	8 5/8"		4479'		Lead: 1650/Tail: 400				
7 7/8"	5 1/2"		13200'		1250				

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 2/14/83	Date of Test 3/17/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 517	Casing Pressure 0	Choke Size 10/64
Actual Prod. During Test 37	Oil-Bbls. 37	Water-Bbls. 2	Gas-MCF 65

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/M/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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.

Robert G. Matthew  
(Signature)  
Production Engineering Supervisor  
(Title)  
March 29, 1983  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 5 1983, 19 \_\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 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.

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O.C.D.  
HOBBS OFFICE