NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator: Tenneco Oil Company

Address: 1200 Lincoln Tower Building, Denver, Colorado 80203

Reason(s) for filing (Check proper box): New Well XX; Recompletion; Change in Transporter of: Oil; Dry Gas; Casinghead Gas; Condensate

NATURAL GAS MUST NOT BE [illegible] 3/19/75 [illegible] TION TO R-4070 SHORTAGE

If change of ownership give name and address of previous owner: [illegible]

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Cedar Lake	1	R-4995	State, Federal or Fee NM-0556297	

Location: Unit Letter F, 2300 Feet From The North Line and 2300 Feet From The West Line; Section 23, Township 18 S, Range 32 E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: The Permian Corporation

Address (Give address to which approved copy of this form is to be sent): P.O. Box 458, Carlsbad, NM 88220

Name of Authorized Transporter of Casinghead Gas or Dry Gas: [illegible]

Address (Give address to which approved copy of this form is to be sent): [illegible]

If well produces oil or liquids, give location of tanks: [illegible]

Unit	Sec.	Twp.	Rge.	Is gas actually connected?
F	23	18	32	No

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
			X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-31-74	1-19-75	5100	4350

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3774	Queen-Penrose	3927	

Perforations: 3927-4183

Depth Casing Shoe: [illegible]

TUBING, CASING, AND CEMENTING RECORD

Hole Size	Casing & Tubing Size	Weight/Ft.	Sacks Cement
24"	16	30	3 yds.
11"	8 5/8	405	250
7 7/8"	5 1/2	5100	375

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 a full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, Gas lift, etc.)
1-19-75	1-22-75	Pump

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	100	-0-	50

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

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.

OIL CONSERVATION COMMISSION

APPROVED: [illegible] 19

BY: [signature]

TITLE: SUPERVISOR, DISTRICT [illegible]

This form is to be filed in compliance with Rule 1104.