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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Operator Tenneco Oil Co.	
Address 1860 Lincoln St., Suite 1200, Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <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 <i>N. Lusk SR R-6724 8-1-81</i>				
Lease Name Lusk (Seven Rivers)	Well No. 7	Pool Name, including Formation Lusk (Seven Rivers)	Kind of Lease State, Federal or Fee Federal	Lease No. LC 067230
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>400</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>19S</u> Range <u>32E</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"/>		Address (Give address to which approved copy of this form is to be sent)		
Permian Corporation		P. O. Box 3119, Midland, Texas LC 067230		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Co.		P. O. Box 477, Buckeye, New Mexico 88212		
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 3	Twp. 19S	Rge. 32E
			Is gas actually connected? Yes	When January, 1976

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.
		X		X					
Date Spudded 12-22-75	Date Compl. Ready to Prod. 1-10-75	Total Depth 3900'		P.B.T.D. 3854					
Elevations (DF, RKB, RT, GR, etc.) 3668 GL	Name of Producing Formation Lusk (Seven Rivers)	Top Oil/Gas Pay 3827'		Tubing Depth 3816					
Perforations 3827 - 3837 2 JSPF, 21 Total Shots				Depth Casing Shoe NA					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		236'		200 sacks			
7 7/8"		5 1/2"		3897'		375 sacks			

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 1/26/75	Date of Test 1/26/75	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure Not available	Casing Pressure Not available	Choke Size Not available
Actual Prod. During Test 42 bbls	Oil-Bbls. 42 bbls	Water-Bbls. 0	Gas-MCF 11.9

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

D.D. Myers
(Signature)
Div. Production Manager
(Title)
2-11-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]

TITLE PERMITS DIVISION

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.