

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Tenneco Oil CompanyAddress
7990 IH 10 West, San Antonio, Texas 78230

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. <i>BLM</i>
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 Lusk Seven Rivers Unit	Well No. 8	Pool Name, including Formation No. Lusk Unit - Seven Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. LC-067230
Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1980</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"/> The Permian Corporation	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 477, Buckeye, New Mexico 88212					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 3	Twp. 19S	Rge. 32E	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-21-84	Date Compl. Ready to Prod. 1-15-85		Total Depth 4059'		P.B.T.D. -			
Elevations (DF, RKB, RT, GR, etc.) 3689.6' GR	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 3849		Tubing Depth 3833'			
Perforations 3858 - 3849'					Depth Casing Shoe 4059'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	356'	225 sx CL C
7 7/8"	5 1/2"	4059'	250 sx CL H
	2 3/8"	3833'	

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 2-6-85	Date of Test 2-6-85	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 18	Water-Bbls. 1	Gas-MCF (1)

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Brenda Callman
(Signature)
Agent
(Title)
2-14-85
(Date)

OIL CONSERVATION DIVISION

FEB 19 1985

APPROVED _____, 19

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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 multiple completed wells.

RECEIVED

FEB 18 1985

O.C.D.
HOBBS OFFICE