

## OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S. O.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	
CITY/STATE	

Tenneco Oil Company

Address  
7990 IH 10 West, San Antonio, TX 78230

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Approval to flare casinghead gas from  
this well must be obtained from the  
Minerals Management Service.If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Elliott Federal	Well No. 3	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee Federal	Lease No. 065525A
Location Unit Letter <u>S</u> : <u>1650</u> Feet From The <u>S</u> Line and <u>1650</u> Feet From The <u>W</u> Line of Section <u>1</u> Township <u>21S</u> Range <u>37E</u> , NMPM, Lea County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 2194, Pampa, TX 79065					
If well produces oil or liquids, give location of tanks.	Unit S	Sec. 1	Twp. 21S	Rge. 37E	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 12/84	Date Compl. Ready to Prod. 2-3-85		Total Depth 7500		P.B.T.D. 7490			
Elevations (D.F., RAB, RT, CR, etc.) 3514 GR	Name of Producing Formation Wantz Abo		Top Oil/Gas Pay 7041		Tubing Depth 7450			
Perforations 7041-7462					Depth Casing Shoe 7500			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	1496	730
7 7/8	5 1/2	7500	1460
	2 7/8	7450	

## 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)

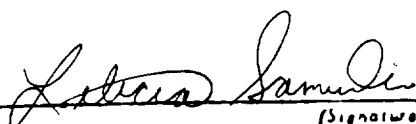
Date First New Oil Run To Tanks 2-4-85	Date of Test 2-5-85	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hours	Tubing Pressure 300 psi	Casing Pressure 200	Choke Size 16/64
Actual Prod. During Test 251	Oil - Bbls. 351	Water - Bbls. 39	Gas - MCF -

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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.



Production Engineer

2/7/85

(Title)

(Date)

## OIL CONSERVATION DIVISION

APPROVED FEB 12 1985, 19BY Eddie W. SeayTITLE Oil & Gas Inspector

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 device 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 filled for each pool in multi-

RECEIVED

FEB 11 1985

U.S.  
HONORARY OFFICE