Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

State of New Mexico ergy, Minerals and Natural Resources Departn.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well API No.				
Tenison Oil Company						30-025-24523					
Address								•			
8140 Walnut H Reason(s) for Filing (Check proper box)	ill La	ne #60)1 -	<u>Dall</u>			231				
New Well		Change in Tr	en nenout e	r of:		er (Please expl	ain)				
Recompletion	Oil		ry Gas	· 01.	r.c.	₽₽₽₽₽₹₹₹	. /	1 1/6			
Change in Operator	Casinghea		Condensati		Er	FECTIVE	·· (e -	1-84			
If change of operator give name and address of previous operator Trit	_	_			- 4849	Greenvi	lle Av	e. #10	00 - Da	llas, TX	
II. DESCRIPTION OF WELL	AND LEA	ASE								75206	
Lease Name			ool Name	e, Includi	ng Formation	(G	AS) Kind	of Lease F	EDI) L	ease No.	
Antebellum Unit		1 A	ntel	.ope	Ridge	(Morrow	l	Federal or Fee 0056297			
Location											
Unit Letter N	<u>. 660</u>) F	eet From	The _S	South Lin	e and19	80 Fe	et From The	West	Line	
21	220			-) 4 T	. •	_				
Section 21 Township	238	<u> </u>	ange	3	84E , NI	мрм, Le	a			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND	NATU!	RAL GAS						
Name of Authorized Transporter of Oil		or Condensat				e address to w	hich approved	copy of this j	form is to be se	nt)	
Navajo Pipeline Co.						Box 159 - Artesia, NM 88210-0159					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
Colorado Inte							Springs, CO 80944				
If well produces oil or liquids, give location of tanks.	Sec. Twp. Rge. 21 23S 34E			Is gas actuali	y connected? Ye	When	? known				
If this production is commingled with that f	rom any othe				ing order numl		5 011	KIIOWII			
IV. COMPLETION DATA	,		, &						··		
Designate Type of Completion	- (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to Pr	rod.		Total Depth	<u> </u>	J	P.B.T.D.	L	4	
Elevations (DF, RKB, RT, GR, etc.)	oducing Formation			Top Oil/Gas I	Pay		Tubing Depth				
Perforations								Depth Casing Shoe			
				÷					.g		
	Т	UBING, C	ASING	AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	SING & TUBI	NG SIZE			DEPTH SET		SACKS CEMENT			
			 .								
								-			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE				:	<u> </u>	······································		
OIL WELL (Test must be after re				nd must	be equal to or	exceed top allo	wable for this	depth or be j	for full 24 hour	·s.)	
Date First New Oil Run To Tank	Date of Tes	i i	•		Producing Me	thod (Flow, pu	vnp, gas lift, e	tc.)			
									Co. la Cia		
Length of Test Tubing Pressure					Casing Pressu	ite		Choke Size			
Actual Prod. During Test				Water - Bbis.			Gas- MCF				
Actual Prod. During Test Oil - Bbls.											
GAS WELL			 -					<u> </u>		•	
Actual Prod. Test - MCF/D					Bbls. Conden	sate/MMCF		Gravity of Condensate			
Testing Method (pion, back pr.)	sure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COMPLI	IANC	Е	ے ا	NI CON	ICEDV.	ATIONI		. N. I	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					dul 27 1990						
and the state of any substitute of the state					Date Approved						
1 Sem 5 Mach					By ORIGINAL SIGNED BY JELIEY SEXTON						
Signature Bruce C. Macke, Production Mgr.					By ORIGINAL STORED ET SUPERVISOR						
Printed Name Title											
10/23/89) 2	 214-363		5	Title.	· · · · · · · · · · · · · · · · · · ·					
Date		Telepho		· ······							
					U						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.