

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

Tenneco Oil Company

Box 1031, Midland, Texas

Other (Please explain)

Change pool designation  
from undesignated

II. DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, including Formation	Kind of Lease
2	Double "X"-Delaware	State, Federal or Fee <b>Federal</b>
U.S. Smelting - <del>USA</del> Federal		
1980 Feet From The North Line and 660 Feet From The West		
22 Township 24-S Range 32-E, NMPM, Lea County		

III. 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)				
McWood Corporation	2003 Wilco Bldg., Midland, Texas				
Name of authorized transporter of casinghead gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Tenneco Oil Company	Box 1031, Midland, Texas				
Unit	Sec.	Twp.	Range	Is gas actually connected?	When
G	22	24-S	32-E	Yes	9-11-64

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Foot	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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 of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size
Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure	Casing Pressure	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 \_\_\_\_\_, 19

BY \_\_\_\_\_

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 Sections I, II, III, and VI only 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.

District Office Supervisor

March 17, 1965

(Date)