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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-1  
Effective 1-1-65

Operator  
**TENNECO OIL COMPANY**  
Address  
**Box 1031, Midland, Texas 79701**

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐ Effective 1-1-71  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **KERR COUNTY LAND COMPANY, Box 1031, Midland, Texas 79701**

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
<b>State 36</b>	<b>E-6622</b>	<b>4</b>	<b>El Mar (Delaware)</b>	State, Federal or Fed State
Location				
Unit Letter <b>E</b>	<b>542</b>	Feet From The <b>South</b>	Line and <b>330</b>	Feet From The <b>West</b>
Line of Section <b>36</b>	Township <b>26S</b>	Range <b>32E</b>	<b>NMPM,</b>	Lea County

I. 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)					
<b>Texas New Mexico Pipe Line Company</b>	<b>Box 1510, Midland, Texas 79701</b>					
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)					
<b>Phillips Petroleum Corp.</b>	<b>1057 Adams Bldg., Bartlesville, Okla. 74003</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually collected?	When
	<b>F</b>	<b>36</b>	<b>26S</b>	<b>32E</b>	<b>Yes</b>	<b>August, 1959</b>

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TURNING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

III. 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 for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/W/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

**B. K. Sady**  
(Signature)  
**B. K. Sady**  
Clerk, General  
(Title)  
**January 21, 1971**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 25 1971**, 19  
BY **[Signature]**  
TITLE **SUPERVISOR DISTRICT I**

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 logs taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowables 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.