

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

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 TENISON OIL COMPANY	Well API No. LC-030139-A
Address 8140 WALNUT HILL LN. #601, DALLAS, TEXAS 75231	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) CHANGE FROM SALT WATER DISPOSAL TO OIL WELL.	
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.T. LYNN	Well No. 37J	Pool Name, Including Formation JALMAT (TANSILL, HATES)	Kind of Lease State, Federal or Fee	Lease No. J282326
Location Unit Letter J : 2310 Feet From The SOUTH Line and 1650 Feet From The EAST Line Section 28 Township 23S Range 36E , 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"/> ENRON	Address (Give address to which approved copy of this form is to be sent) 12700 HILLCREST RD, #272 DALLAS, TX. 75230					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SID RICHARDSON	Address (Give address to which approved copy of this form is to be sent) FIRST CITY BANK TOWER, 201 MAIN ST. FORT WORTH, TX. 76102					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 28	Twp. 23S	Rge. 36E	Is gas actually connected? YES	When? EXACT DATE UNKNOWN

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 10/31/51	Date Compl. Ready to Prod. 11/19/51		Total Depth 3695'		P.B.T.D. 3691'			
Elevations (DF, RKB, RT, GR, etc.) 3625'-DF	Name of Producing Formation TANSILL		Top Oil/Gas Pay 3132'		Tubing Depth 3029'			
Perforations 2 SHOTS PER FOOT		3132-34', 3180-82', 3191-25', 3208-10', 3214-20', 3227-30', 3240-42', 3253-56', 3264-67'		Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13"	9-5/8" CASING		330'		225			
8 3/4"	7" CASING		3685'		800			
	2 7/8" TUBING		3029'					

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 First New Oil Run To Tank 8/15/91	Date of Test 8/15/91	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS.	Tubing Pressure 801bs.	Casing Pressure	Choke Size 28/64
Actual Prod. During Test	Oil - Bbls. 2	Water - Bbls. 2	Gas- MCF 60

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

VI. OPERATOR 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.

William B. Tension
Signature
WILLIAM B. TENISON Title
PRODUCTION COORDINATOR
Printed Name
SEPTEMBER 29, 1991 Date
(214) 363-5005 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

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.