Revised 1-1-89 See Instructions at Bottom of Page

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Tenison Oil Company							30	-025-095	502		
Address								025 07.			
8140 Wallnut Hill Ln.	#601	Dallas,	Te	xas 752	31					 .	
Reason(s) for Filing (Check proper box)					Othe	er (Please expla	zin)				
New Well	0.1	Change in	_		P.C.C.	11 <i>/</i>	1 /01				
Recompletion Change in Operator	Oil Casinghaa	d Gas XX	Dry G		Filect	ive: 11/	1/91				
f change of operator give name	Casingnea	u Gas AA	Conde	EI SAICE							
nd address of previous operator											
I. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name	Well No. Pool Name, Includin							of Lease FED Lease No.			
Vaughn B-3		3	Jalı	mat Tans	sill Yat	es 7 Riv	ers State,	Federal or Federal	E <u>03</u>	2436	
Location											
Unit LetterE	_ :198	80	Feet F	from The $\frac{Nc}{2}$	orth Line	and <u>660</u>	Fe	et From The	West	Line	
Section 3 Townshi	D 24S		D	36E	N/I	м РМ , Le	2			County	
Section 3 Townshi	p 243		Range	301	, INI	MPM, LE	а	w=		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	LAN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
nell Pipeline				Box 3105 - Houston, Texas 77253-3105 Address (Give address to which approved copy of this form is to be sent) 76102							
Name of Authorized Transporter of Casin			3.4	8	1						
	Richardson Carbon & Casoline Com					First City Tower 201 Main St. Ft. W. Tx. Is gas actually connected? When?					
If well produces oil or liquids, give location of tanks.					-	y connected?	:				
f this production is commingled with that	- 	. 			Yes	ber:	i_un	known	<u>-</u>		
V. COMPLETION DATA	nom any ou		pool, g.		B 0.4-1,						
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion						l	<u></u>	J	<u> </u>		
Date Spudded	Date Com	pi. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Donth			
								Tubing Depth			
Perforations	<u> </u>				l		· · · · · · · · · · · · · · · · · · ·	Depth Casir	g Shoe		
	7	TUBING,	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT			
											
	ļ				 						
											
V. TEST DATA AND REQUE	ST FOR	ALLOWA	ABLE	ì							
OIL WELL (Test must be after	recovery of t	otal volume	of load	- l oil and must	be equal to or	exceed top all	owable for the	is depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of To				Producing M	ethod (Flow, pr	ump, gas lift,	elc.)			
								los III es-	Chala Sina		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size			
					Water - Bbls			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bois.			Can into			
AS WELL					Rhis Conder	sale/MMCF		Gravity of	Gravity of Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
(Fast) same proj		•	-								
VI. OPERATOR CERTIFIC	'ATE OF	COMP	ΙΙΔ	NCF							
						OIL CON	ISERV	ATION	DIVISIO)N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								twice of the			
is true and complete to the best of my					Date	Approve	d	REV /			
OH R G.						P.F 0					
KAN. P. In	A.				Bv	Orig. Sign	ned by				
Signature Robert B. Tendson Ir. Managor- Marketing					-, -	Paul K	au tz				
Robert B. Tenison Jr., Manager- Marketing Printed Name Title					Title	Geolog	Tat:				
11/12/91	(21	4) 363	-500)5	11						
Date			phone								

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.