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

OIL CONSERVATION DIVISION

the same is stilled become to be purchase

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. Operator		TO TR	ANSP	ORT O	L AND NA	TURAL	LGA	S					
Tenison Oil Company								Well	API No. 09	1526			
Address								30	-025- 095	/32 /			
8140 Wallnut Hill Ln.	#601 -	Dalla	ıs, Te	exas 75	5231								
Reason(s) for Filing (Check proper box) New Well					Otl	ner (Please	explai	n)					
Recompletion	0.1	Change in √√			P.S.S	1	. /.	/o.i					
Change in Operator	Oil Casinaha	ad Gas 🏧	Dry Ga		Effecti	rve: 1	1/1/	91					
If change of operator give name	Casingne	ad Gas 42	Conden	isate				_					
and address of previous operator					<u>-</u> -			 			 .		
II. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name J. L. Coates	Well No. Pool Name, Included 3 Jalmat Tar						Kind	of Lease FE Lease No.					
Location			Jarin	at lan	sill lat	es / E	Kive	rs state	Federal or Fee D 102436				
Unit LetterD	_ :66	0	Feet Fro	om TheN	orth	e and66	60		eet From The	West		1:	
Section 10 Townshi	ip 24:	S	Range	36E			Lea	F	eet Flom The			Line	
III. DESIGNATION OF TRAN	SPORTE	R OF O		D NATU								Junky	
Name of Authorized Transporter of Oil Enron Oil Trading & Tr	KX	or Conder	sate		Address (Giv	e address t	to whic	h approve	d copy of this f	form is to be	seni)		
									xas 772				
Name of Authorized Transporter of Casin Sid Richardson Carbon	ghead Gas XX or Dry & Gasoline Co.			Gas	Address (Give address to which approve First City Bank Tower,				d copy of this form is to be sent) 76102				
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actuall			When		n St. F	t.W.	Tx.	
give location of tanks.	D	10	24S	36E	Ye	s		1	Unknov	√n			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, give	commingl	ing order numl	per:	,						
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workove	er	Deepen	Plug Back	Same Res'v	Diff	Res'v	
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					
									Casin	ig Siloc			
	T	UBING,	CASIN	G AND	CEMENTIN	NG REC	ORD		_!				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
					-				ļ				
													
V TECT DATA AND DECLE	T FOD A		DI 5										
V. TEST DATA AND REQUES OIL WELL (Test must be after re				I and must	he equal to as	aread ton	allaw	ahla for thi	a dansk an ka s	fan 6.11.24 b.			
Date First New Oil Run To Tank	Date of Tes			i ana musi	Producing Me					or juli 24 no	ours.)		
Length of Test	Tubing Pressure				Casing Pressu	ne		Choke Size					
Astrol D. A. D										Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Oas- MCF				
GAS WELL									-				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	ate/MMCF	•	···	Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
W Oppo Amon Communication	<u> </u>				r								
VI. OPERATOR CERTIFICATION I hereby certify that the rules and regular Division have been appealed with a definition of the control of the co	tions of the C	Dil Conserv	ation	CE	C	IL CC	NS	ERV	ATION [DIVISI	NC		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Doto	Approv							
PABE.		7			Dale	∼hhi∩∧		/ Sim	and t-				
Signature					By Paul Kauts								
Robert B. Tenison Jr. Manager- Marketing Printed Name Title					Geologist								
11/12/91	(214) 3	63-50		Title_								
Date	-	Telep	hone No.		1								

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
- 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.