Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRAI	NSPORT O	IL AND NA	TURAL	IIZATION SAS				
Operator				.27010 (4)	TOTAL		API No.			
Tenison Oil Company							0-025-095	89		
Address 8140 Wallnut Hill Ln.	#601	D - 11		75001						
Reason(s) for Filing (Check proper box)	#601,	Dall	as, Texas	F-4						
New Well		Change in T	Fransporter of:	[] Oth	ner (Please exp	olain)				
Recompletion	Oil		Dry Gas	Effo		11/1/01				
Change in Operator		d Gas 🔯 (-	ын	ctive:	11/1/91				
If change of operator give name						· · · · · · · · · · · · · · · · · · ·				
and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	ASE								
Lease Name		1	Pool Name, Includ	_			of Lease FED	ı	Lease No.	
Vaughn A-15 Location		1 ,	Jalmat Tar	nsill Yat	es 7 Ri	vers State	, Federal or Fee	0 1	152436	
Unit Letter O	. 660	F	Feet From The	South Lin	e and	0F	eet From The _	East	Line	
Section 15 Townshi	ip 24S	F	Range 36E	, N	МРМ,	Lea			County	
III DESIGNATION OF TRAN	JCDA###	e e ou	A BITS BI A COV	IDAL CAG						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	X	or Condens	AND NATE		e address to	Lish same	d copy of this fo			
Shell Pipeline	Λ		~ <u> </u>							
Name of Authorized Transporter of Casin	ghead Gas	[XX] o	or Dry Gas	Address (Giv	e address to w	bich approve	exas 7725 topy of this fo	3-3105	and 76100	
Sid Richardson Carbon										
If well produces oil or liquids,			wp. Rge.	Is gas actually	y connected?	When	201Main St, FT.W. TX.			
give location of tanks.	<u> </u>	15	24S 36E	Ye		i_	Unknow	n		
If this production is commingled with that IV. COMPLETION DATA	from any othe		ol, give comming	ling order numb	er:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Ready to P	rod.	Total Depth			P.B.T.D.	·		
		•		•			r.b.1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas I	ay		Tubing Depth			
Perforations	<u> </u>			1			Depth Casing	Shoe		
	רד	IRING C	ASING AND	CEMENITIN	IC DECOR	<u> </u>		 		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
	OASING & TOBING SIZE				DEI III DEI		SACKS CEMENT			
				<u> </u>						
/ TECT DATA AND DEGUES	T FOR II									
V. TEST DATA AND REQUES OIL WELL Gest must be after re										
Oate First New Oil Run To Tank	Date of Test	il volume of l	load oil and must	be equal to or or Producing Met				full 24 hou	rs.)	
							••.,			
ength of Test	Tubing Press	ure		Casing Pressur	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	Gas- MCF		
CACIVELI			—·				<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Landh of To			1=.:-	······					
1 Col. 1 Col. 9 MICIAD	Length of Ter	SL		Bbls. Condens	ite/MMCF		Gravity of Cor	densate		
esting Method (pitot, back pr.)	Tubing Press	ure (Shut-in)		Casing Pressure	e (Shut-in)		Choke Size			
I. OPERATOR CERTIFICA	TF OF C	'OMPI I	ANCE				L			
I hereby certify that the rules and regulati				0	IL CON	SERVA	TION D	IVISIO	Ν	
Division have been complied with and th	OIL CONSERVATION DIVISION									
is true and complete to the best of my kn	Date Approved									
SH B G.	Urig. Signed by									
Signature	Ву	Paul I	Cautz							
Robert B. Tenison J	r. , Man	nager-	Marketing		Geolo	gigi _{j ,}				
Printed Name		Titl		Title_						
11/12/91 Date	(2	14) 363 Telephor								
		reiepnot	·· · ·· ·	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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Eux 1980, Hobbs, NM 88240

State of New Mexico .ergy, Minerals and Natural Resources Departm.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Anesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Operator								Well API No.					
Tenison Oil Company								30-025-09589					
Address			- 0.1		_								
8140 Walnut 1 Reason(s) for Filing (Check proper box)	HILL Li	ane #	OUT	- Dali		xas 75 er (Please expl	231						
New Well		Change is	n Tran	sporter of:		•	•						
Recompletion	Oil		٦.	Gas \square	<u>E</u>]	FFECTIV	E: (1-86					
Change in Operator XX	Casinghe	ad Gas] Con	densate			_	, ,					
f change of operator give name and address of previous operator Tr	iton Oi	il & (Gas	Corp.	- 4849	Greenv	ille A	ve. #1	000 – D	allas,			
II. DESCRIPTION OF WELI Lease Name	AND LE		Dool	l Manager	: F	7 Rive:	na 1771			7520			
Vaughn A-15		1			ansill		Kind State,	of Lease F. Federal on Fi		23 se No. 52436			
Location		<u> </u>								32430			
Unit Letter O	: <u> 660</u>)	_ Feet	From The	outh Lin	e and198	80F	et From The	<u>East</u>	Line			
Section 15 Towns	hip 245	<u> </u>	Ran	ge 3	6E , N	MPM, Lea	a			County			
II. DESIGNATION OF TRA				ND NATU				· · · · · · · · · · · · · · · · · · ·					
Name of Authorized Transporter of Oil	¥ X	or Conde	nsate		1				form is to be se	•			
Shell Pipelir Name of Authorized Transporter of Casi		10.0 1	O* T	hru Goe	BOX 3	3105 - I	lousto	n. Texa	as 772	53-3105			
El Paso Natur	-	XXI CO	or D	ry Gas					form is to be se				
If well produces oil or liquids,	Unit	Sec.	Twp	Roe	Is gas actuall		El Paso When		79978-	1492			
give location of tanks.	J	15		4S 36E	le gae accuait	Yes			Unknor	· m			
f this production is commingled with tha		<u> </u>			ling order numl		<u> </u>		UIIKIIO	WII			
V. COMPLETION DATA				<i>-</i>									
Designate Type of Completion	n - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
te Spudded Date Compil. Ready to Prod.					Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe					
							·						
TUBING, CASING ANI					CEMENTI		<u>D</u>						
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
					<u> </u>			ļ					
					-			 					
	 							<u> </u>	·	·····			
/. TEST DATA AND REQUE													
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		of loa	d oil and must		exceed top also whod (Flow, pu			for full 24 hour	·\$.)			
	Date of Te												
length of Test	Tubing Pre	Tubing Pressure			Casing Pressu	re		Choke Size					
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF					
GAS WELL					I	•							
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF	10.1121	Gravity of C	Condensate				
esting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFIC	'ATE OF	COME	T TA	NCE			-	I					
I hereby certify that the rules and regu						DIL CON	ISERV/	MOITA	DIVISIO	N			
Division have been complied with and							•	JUL 1	1 1930				
is true and complete to the best of my					11	Approved	`						
B 11	Ma.				Date			(MS), MET IPP	:DV 6574	 			
Signature Bruce C. Mack	e, Produ	uction	Mor		By_	ORIGI	DISTRICT	ED BY JER	IRY SEXTON	·			
Printed Name	0		Title		Title	<u>.</u>							
Date /0/ C 5/ 8		214-3 Tele	63-					_ _					

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