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

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

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

Form C-104 Energy, Minerals and Natural Resources Department Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

State of them intexico

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		10 111/	7140)I- O	ווט ווח	L AND IVA	TUNAL G		7 11	. B. S.				
•								"		API No.				
Tenison Oil Company Address									30	-025-09	590			
8140 Wallnut Hill Ln.	#601	Do 11 o o	Tr	·	- 750	2.1								
Reason(s) for Filing (Check proper box)	11001	Dallas	<u>, i</u>	exa	S /32		(D)							
New Well		Change in	т		6		er (Please expl	ain)						
Recompletion	Oil	Change in		ispon Gas	er oi:									
Change in Operator		ıd Gas 🔯				E	ffective	: 11/	1/9	91				
If change of operator give name	Casinglica	id Gas [X	Con	1061182	ile			·						
and address of previous operator											· · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELL	ANDIE	ACE												
Lease Name	AND LEA	Well No.	Pool	J Non	ne Includ	ing Formation		Ιν	ind c	f Lance Titl	<u> </u>	ease No.		
Vaughn A-15		2				_	7 Dd			of Lease FE] Federal or Fe				
Location A-15		<u> </u>	Ja	Tilla	t lan	sill Yate	es / Kiv	ers	•		<u> </u>	2436		
•	. 198	80			C.	outh	100	0			T7			
Unit LetterJ	_ :	00	Feet	Fron	n The 🔼	outh Line	and198		_ Fe	et From The	Last	Line		
Section 15 Township	24S		Dan		36E	ATA	ирм, Le					Country		
Section 19 Township	240		Kan	ige	30E	, NIN	ирм, Le	<u>a</u>				County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	II. A	ND	NATU	RAL GAS								
Name of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sent)								
Shell Pipeline														
Name of Authorized Transporter of Casinghead Gas X or Dry						Box 3105 - Houston, Address (Give address to which approx				ved copy of this form is to be sent) 76102				
Sid Richardson Carbon						1						'. W., Tx		
If well produces oil or liquids,	Unit	Sec.	Twp	p. 1	Rge.	Is gas actually	connected?		/hen		I OL. FI	• W• • IX.		
give location of tanks.	j	15		4s i	36E		28	j	.,,,,,,	Unknow				
If this production is commingled with that f		·						1		UIIKHOV	VII			
IV. COMPLETION DATA	,		,,	B - · · ·		0.001 1101110								
	-	Oil Well		Ga	s Well	New Well	Workover	Deepe	en l	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -	- (X)	i	i			i		i			1	ĺ		
Date Spudded	Date Comp	pl. Ready to	Prod	j.		Total Depth				P.B.T.D.	·			
]													
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo	rmati	ion		Top Oil/Gas P	'ay			Tubing Depth				
						ļ								
Perforations						*				Depth Casin	g Shoe			
	T	UBING,	CAS	SINC	3 AND	CEMENTIN	IG RECOR	D						
HOLE SIZE	CASING & TUBING SIZE						DEPTH SET				SACKS CEM	ENT		
V. TEST DATA AND RÉQUES	T FOR A	LLOW	ABL	E										
OIL WELL (Test must be after re	covery of to	tal volume	of loa	id oil	and must	be equal to or	exceed top allo	wable for	this	depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes	st				Producing Me	thod (Flow, pu	mp, gas l	ift, et	c.)				
-						!								
Length of Test	Tubing Pressure					Casing Pressure				Choke Size				
ctual Prod. During Test Oil - Bbls.						Water - Bbls.				Gas- MCF				
		***								··				
GAS WELL														
Actual Prod. Test - MCF/D	Length of T	est				Bbls. Condens	ate/MMCF			Gravity of C	ondensate			
esting Method (puot, back pr.)	Tubing Pres	ssure (Shut-	in)			Casing Pressur	e (Shut-in)			Choke Size				
					l									
I. OPERATOR CERTIFICA	TE OF	COMP	IIA	NC	F		L							
I hereby certify that the rules and regulat					~	1 0	IL CON	SER	V۵	I NOIT	DIVISIO	N		
Division have been complied with and that the information given above						Date Approved NOV 2 0 1991								
is true and complete to the best of my kn	owledge and	d belief.			ļ	Doto	1 nnra:	1	,	VUV Z	0 1901			
					Í	Date	Approved	ıg. Sigi	ned	bv	1001	······································		
Kot 1. Pain						_	F	Paul K	aut	g.				
Signature	,		•		_	Ву		Geolog	ris i	F.,				
Robert B. Tenison Jr., Manager- Marketing Printed Name Title														
Title 11/12/91 (214) 363-5005					Title									
Date) <u>3 – ;</u> ohone											
						l								

- 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.

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State of New Mexico lergy, Minerals and Natural Resources Departn.

Form C-104 Revised 1-1-39 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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well	API No.			
Tenison Oil	Company							30	-025-0	9590		
Address										-		
8140 Walnut		ne #60)1 -	Dall			<u> 523</u>	1				
Reason(s) for Filing (Check proper box		_			Oth	ner (Please exp	lain)					
New Well		Change in Ti	_	_	F	FFECTIV	JE:	,	1 40			
Recompletion	Oil	_	ry Gas	_	=		<u> </u>	(J -	1137			
Change in Operator XX	Casinghead	Gas C	ondens	ate								
If change of operator give name and address of previous operator Tri			. Co	rp	- 4849	Greenv	i 11	e Av	e. #10	00 – Da	11as, T 75206	
II. DESCRIPTION OF WEL												
Lease Name	'	- 1			ng Formation		ers	Kind	of Lease (F Federal or Fe		ease No.	
Vaughn A-15		2	Jal	mat 1	<u> </u>	rates		,		<u> </u>	52436	
Unit Letter	:1980	<u>0</u> F	eet Fro	m TheS	South Lin	e and 19	980	Fe	et From The	East	Line	
Section 15 Towns	ship 24S	R	ange	3	36E ,N	мрм, Le	ea_			·	County	
III. DESIGNATION OF TRA	NSPORTER	OF OIL	. AND	NATTI	RAL GAS							
Name of Authorized Transporter of Oil		or Condensat				re address to w	hich o	pproved	copy of this f	orm is to be so	ent)	
•	Shell Pipeline									77253-3	•	
Name of Authorized Transporter of Cas		XX or	r Dry G	as 🗍		re address to w						
El Paso Natu	_		•			492 – I				79978 - 1		
If well produces oil or liquids,			wp.	Rge.	Is gas actuall			When			<u> </u>	
give location of tanks.	ijĴ	15 2	24S	36E	Y	es		i		Unkno	wn	
If this production is commingled with the IV. COMPLETION DATA	at from any other	r lease or poo	ol, give	commingl	ing order num	ber:						
Designate Type of Completio		Oil Well	Ga	ıs Well	New Well	Workover	D	eepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to Pr	rod.		Total Depth	. 	.1		P.B.T.D.	J	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	-	Top Oil/Gas	Pay			Tubing Depth						
Perforations					L				Depth Casin	g Shoe		
	TU	JBING, C	ASIN	G AND	CEMENTI	NG RECOR	SD.					
HOLE SIZE	CASI	NG & TUBI	NG SI	ZE		DEPTH SET				SACKS CEM	ENT	
						····						
L MACON DAMA AND DESCRIP	1	I OWAR							<u> </u>	 		
V. TEST DATA AND REQUI											,	
OIL WELL (Test must be after Date First New Oil Run To Tank		u volume of i	ioaa ou	ana must		exceed top au ethod (Flow, pi				or jul 24 hou	73.)	
Date First New Oil Run 16 lank	Date of Test				Producing Mi	eunou (<i>r tow, p</i>	աութ, չ	as iyi, e	uc.j			
Length of Test	agth of Test Tubing Pressure				Casing Pressure				Choke Size			
Lengui Or Teat	Tuoing Fress	anc.			Casing Freeduce							
Actual Prod. During Test	Oil - Bbls.		- -		Water - Bbis.				Gas- MCF			
	On - Dois.					<u>:</u>						
GAS WELL						,						
Actual Prod. Test - MCF/D	Length of Te	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size		
VI. OPERATOR CERTIFIC	CATE OF (COMPL	IANO	CE			10-		T	D.V. (10.10	\\\\\\	
I hereby certify that the rules and reg	ulations of the O	il Conservati	ion		(DIL CON	12F	:HV	NOILE	DIVISIC	NN .	
Division have been complied with and that the information given above								111	L17	nppr		
is true and complete to the best of m	y knowledge and	belief.			Date	Approve	d _	.#U	F 1 1	IJJU		
$m \sim 10^{-1}$,								,			
forms 111	∥ By_	OR	IGIN	AL SIG	MED BY J	Enki Suat	0 Ŋ					
Signature Bruce C. Macke, Production Mgr.								DETRI	CT I SUPER	RVISOR		
Printed Name			itle		T:41							
10/23/89	'	214 - 36		005	Title							
Date		Telepho										
					I I							

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