DISTRIBUTION			l
SANTA FE			
FILE			I
U.S.G.S.			L
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

III.

MEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWAL AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104	
Supersedes Old C-104 and (C-110
Effective Inlass	

	TRANSPORTER GAS		misspelled						
	OPERATOR	(LE	ASE NAME)						
1.	PRORATION OFFICE	·							
	Operator				•				
	Tenneco Oil Company								
	Address	1000 Lineal of Suita 1200 Danvan Calanada 80205							
		1860 Lincoln St., Suite 1200, Denver, Colorado 80295							
	Reason(s) for filing (Check proper box) Change in Transporter of: Change in Lease and Well Designation -								
	New Woll Change in Transporter of: Change in Lease and Well D								
	Recompletion	Oil Dry Gas	Former	iy Leonard Tederal wel	1 110.5				
	Change in Ownership X	Casinghead Gas Condens	sate						
		5	-11 D 11CO (Swaham Toyac 76016					
	If change of ownership give name and address of previous owner	Bettis, Boyle & Stov	all, BOX 1168, t	ardidii, lexas 70040					
	•								
II.	DESCRIPTION OF WELL AND I	LEASE		(ind of Lease					
	Lease Name	Well No. Fool Name, Including Fo	. t		Lease No.				
	Leonard Bros.	19 Leonard Qu	een, South	State, Federal or Fee Federal	_				
	Location		000	Caat					
	Unit Letter I ; 1650	Feet From The South Line	and 990	Feet From The LdSU					
	Line of Section 14 Tow	nship 26 S Range	37 E , NMPM,	Lea	County				
III.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GAS	<u>S</u>	which approved copy of this form is	**************************************				
	Name of Authorized Transporter of Oil								
	Permian Corpora	tion	P.O. Box 311	9, Midland, Texas 79	/01				
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)						
	El Paso Natural			4, Jal, New Mexico					
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When						
	give location of tanks.	I 14 26 S; 37 E							
	If this production is commingled wit	h that from any other lease or pool,	give commingling order:	number:	· ·				
IV.	COMPLETION DATA				. 15.7.5				
		Oll Well Gas Well	New Well Workover	Deepen Plug Back Same Re	esty. Diff. Restv.				
	Designate Type of Completio	$\mathbf{n} = (\mathbf{x})$	1	3					
	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					
			<u>L</u>	Depth Casing Shoe					
	Perforations			Depth Casing and					
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T SACKS CE	MENI				
			<u> </u>						
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)								
	OIL WELL	ante for this de	Producing Method (Flow,						
	Date First New Oil Run To Tanks	Date of Test	Froducing Nation (1 tom)	, parties was tryes areas					
			Casing Pressure	Choke Size					
	Length of Test	Tubing Pressure	Cdaing Plassus						
			Water - Bbls.	Gas-MCF					
	Actual Prod. During Test	Oil-Bbls.	Addet - Dpis.						
	GAS WELL		15)1 G 1 A0/GF	Gravity of Condensa					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity or condense					
				-in) Choke Size					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-	Choke Size					
			<u> </u>						
VI	CERTIFICATE OF COMPLIAN	CE	} }	CONSERVATION COMMISSI	ОИ				
a to the continue that the sular and regulations of the Oil Conservation			ABBROVED MAY 5 197						
			AFFROVED	ane 4 6 13	., 13				
	a talia kasa kaan complisid t	with and that the information kiven	BYOrig. Signed by						
	above is true and complete to the	best of my knowledge and belief.	Jerry Sexton						
		/	TITLE						

(Signature) Division Administrative Supervisor

(Title) April 29,1977

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply

RECEIVED

MAY 1977

C. Comsener 1977

Mass, R. M. Comm.