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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND U.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
DEC 7 11 40 AM '65

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator **Tenneco Oil Company**
Address **10000 1031 10100 10100**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) **Change of Transporter from Texas- New Mex. Pipe Line Co. Effective 10-1-65**
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Leonard Federal** Lease No. **5** Well No. **5** Pool Name, including Formation **Leonard Queen South** Kind of Lease **Federal**
Location
Unit Letter **I** **1650** Feet From The **South** Line and **990** Feet From The **East**
Line of Section **14** Township **26S** Range **37E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Tenneco Oil Company Address (Give address to which approved copy of this form is to be sent) **Box 10000, Houston, Texas**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) **Box 1384, Jal, New Mexico**
If well produces oil or liquids, give location of tanks. Unit **I** Sec. **14** Twp. **26S** Rge. **37E** Is gas actually connected? **Yes** When **Unknown**

If this production is commingled with that from any other lease or pool, give commingling order number: _____
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	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							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
R. L. Leggett
District Office Supervisor
December 3, 1965
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____
TITLE _____
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 completed wells.