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| SANTA FE | | | |
| FILE | | | |
| u.s.g.s. | | <u> </u> | |
| LAND OFFICE | | | <u></u> |
| TRANSPORTER | OIL | <u> </u> | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | 1 |

NEW MEXICO DIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| LAND OFFICE | ASTHORIZATION TO TRA | NO OR OLL AND NATURAL V | 343 | |
|--|--|--|---|--|
| TRANSPORTER OIL | | | | |
| GAS | _ | | | |
| PROPATION OFFICE | - | | | |
| Operator | | | | |
| Tenneco Oil Company | / | | | |
| Address 1860 Lincoln, Suite | e 1200, Denver, Colorado | 80203 | | |
| Reason(s) for filing (Check proper box | | Other (Please explain) | | |
| New Well | Change in Transporter of: | | | |
| Recompletion | Otl Dry Gas | s 🔲 | | |
| Change in Ownership | Casinghead Gas Conden | sate | | |
| f change of ownership give name | | | | |
| and address of previous owner | | | | |
| DESCRIPTION OF WELL AND | Well No. Pool Name, Including Fo | ormation Kind of Leas | se Lease No. | |
| USA Jennings Federa | 1 1 | | glor Fee Federal 033503 | |
| Location | | 1,000 | Mark | |
| Unit Letter;; | Feet From The South Line | e andFeet From | The West | |
| Line of Section 14 To | ownship 245 Range | 32E , NMPM, Lea | County | |
| | | | | |
| DESIGNATION OF TRANSPOR Name of Authorized Transporter of Of | ATER OF OIL AND NATURAL GA | S Address (Give address to which appro | oved copy of this form is to be sent) | |
| Permian Corporation | | P. O. Box 3119, Midlar | nd, Texas | |
| Name of Authorized Transporter of Ca | | Address (Give address to which approved copy of this form is to be sent) | | |
| Phillips Petroleum | | P. O. Box 477, Buckeye, New Mexico 88212 | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Pge. K 14 24S 32E | | Jan., 1976 | |
| <u> </u> | with that from any other lease or pool, | <u> </u> | | |
| COMPLETION DATA | Oil Well Gas Well | New Well Workove: Deepen | Plug Back Same Restv. Diff. Restv | |
| Designate Type of Complet | | New Well Workover Boopen | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| 11-4-75 | 11-17-75 | 5000' | 4976 Tubing Depth | |
| Elevations (DF, RKB, RT, GR, etc.) 3588.7 GL | Name of Producing Formation Ramsey Sand | Top Oil/Gas Pay | 4966 | |
| Perforations | Ramsey Sund | 1.70 € | Depth Casing Shoe | |
| 4914 - 22 2 JSP | | | NA NA | |
| | TUBING, CASING, AND CASING & TUBING SIZE | D CEMENTING RECORD DEPTH SET | SACKS CEMENT | |
| HOLE SIZE | 8 5/8" | 360' | 275 sacks | |
| 7 7/8" | 51/3" | 4999' | 395 sacks | |
| . ,,, | | | | |
| | | | | |
| TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be a able for this d | epth or be for full 24 hours) | il and must be equal to or exceed top allo | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | lift, etc.) | |
| 11/29/75 | 1/24/75 | Pump | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| 24 | Not available | Not available | Not available Gas-MCF | |
| Actual Prod. During Test | Oil-Bbls. | 58 | R | |
| 8 bbls | 8 bbls | 1 30 | | |
| GAS WELL | | | Towns (C) | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| • | | | | |
| CERTIFICATE OF COMPLIA | NCE | OIL CONSERV | (ATION COMMISSION | |
| | d completions of the Oil Conservation | 1 | , 19 | |
| O taalaa baya baan complied | d regulations of the Oil Conservation i with and that the information given | ven / and and for | | |
| above is true and complete to t | the best of my knowledge and belief. | BY DUCKY | · · · · · · · · · · · · · · · · · · · | |
| | | TITLE | | |
| .0 .0 10 | | This form is to be filed i | n compliance with RULE 1104. | |
| D.D. Mys. | <u> </u> | If this is a request for all | lowable for a newly drilled or deepen panied by a tabulation of the deviati | |
| Div. Producti | gnature) on Manager | tests taken on the well in ac- | cordance with RULE 111. | |
| | | All sections of this form | must be filled out completely for allowells. | |
| (Title) | | able 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.