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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator Tenneco Oil Company	
Address 1860 Lincoln St., Suite 1200, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

\*NM-7951

Lease Name Leonard Federal	Well No. 8	Pool Name, including Formation Leonard Queen South	Kind of Lease State, Federal or Fee Federal	Lease No. *
Location				
Unit Letter 0 : 660 Feet From The South Line and 1980 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, N.M. 87401					
If well produces oil or liquids, give location of tanks. Test tank:	Unit 0	Sec. 14	Twp. 26S	Rge. 37E	Is gas actually connected? Yes	When 8-14-77

If this production is commingled with that from any other lease or pool, give commingling order number:

Reentry of P & A well

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 7-28-77	Date Compl. Ready to Prod. 8-26-77		Total Depth 10,650'		P.B.T.D. 3800'			
Elevations (DF, RKB, RT, GR, etc., 2989.4' GL	Name of Producing Formation Leonard Queen South		Top Oil/Gas Pay 3360'		Tubing Depth 3515'			
Perforations 1 JSPF from 3453' - 3490', 38 holes					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		422'		450 sacks			
12-1/4"	9-5/8"		3842'		1300 sacks			
	2-7/8"		3515'					

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)

Date First New Oil Run To Tanks 8-26-77	Date of Test 9-4-77	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 25	Casing Pressure 25	Choke Size None
Actual Prod. During Test	Oil - Bbls. 57	Water - Bbls. 86	Gas - MCF 42

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Division Production Manager

(Title)

9-9-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.