HO. OF COPIES REC	EIVED ;	
DISTRIBUTIO	NC	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	ICE	1
Operator Tenneco Oil	Compar	ıy
Address		

## NEW MEXICO OIL CONSERVATION COMMIS 4

Form C -104 0

	SANTAFE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65	
	FILE	AND			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATUR	AL GAS	
	OIL	1			
	TRANSPORTER GAS				
	OPERATOR	4			
1	PRORATION OFFICE				
••	Operator				
	Tenneco Oil Company				
	Address	1200 Parama Cala	rado 80295		
		Suite 1200, Denver, Colo			
	Reason(s) for filing (Check proper box		Other (Please explain,	testing allowable of 500	
	New We!!	Change in Transporter of:	bble of oil	for this well.	
	Recompletion	Oil Dry Go	~ 片	TOT CITTS WETT.	
	Change in Conership	Casinghead Gas Conde	nsate []		
	If change of ownership give name				
	and address of previous owner				
.,	DECORPORAN OF WELL AND	I CACC		*NM-7951	
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of	Lease No.	
	Leonard Brothers	4 Leonard Quee	n South State, F	ederal or Fee Federal *	
	Location		17:		
	Unit Letter J : 198	BO Feet From The South Lin	980 / Feet 5	East	
	Onit Letter				
	Line of Section 13 Tov	wiship 26S Range 3	7E , NMPM,	Lea County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	is		
	Name of Authorized Transporter of Oil	or Condensate		approved copy of this form is to be sent)	
	Permian Corporation		P.O. Box 3119, Mid	approved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	singhead Gas Or Dry Gas	Andress (Give address to which	approved copy of this form is to be sent)	
		Unit Sec. Twp. Ege.	Is gas actually connected?	, When	
	If well produces oil or liquids,	0.75	No	1	
	give location of tanks. Test tank	<u> </u>			
		th that from any other lease or pool,	give commingling order number	:	
3 V .	COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepe	n Plug Buck Same Resty. Diff. Resty.	
	Designate Type of Completic	$\operatorname{on} = (X)$			
	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 Fay	Tubing Depth	
				Depth Casing Shoe	
	Perforations			Depth Casing Snoe	
			A CENTENT NO DECORD		
			DEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEFIN SET	SACKS CEMENT	
l			1	<u> </u>	
<b>3</b> 7	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of loa	d oil and must be equal to or exceed top allow-	
	OIL WELL	able for this de	pth or be for full 24 hours)		
ĺ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	as lift, etc.)	
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size	
ļ			Water - Bbls.	Gas-MOF	
	Actual Frod, During Test	Oil-Bbls.	wdter - DDJB.	GCB - IVIOI	
1					
r	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. 1681-WC17D	Langua of Fast			
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Control Control ( bring ) and bit				
<b>.</b> [	CERTIFICATE OF COMPLIANCE	) F	OII CONSE	RVATION COMMISSION	
¥I.	CERTIFICATE OF COMPLIANC	. <b></b> .	SEC		
	t baraby carries that the sules and t	egulations of the Oil Conservation	APPROVED		
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.					
	above is true and complete to the	best of my knowledge and belief.	BY	Der you Buckige	
			TITLE		

## VI.

	. •			
	rsie	nature)		
Division	Production	Manager		
		itle)		
	and the same	•	<u> </u>	
	(1	Date)		

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

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.

Securate Forms C-104 must be filled for each pool in multiply.

Separate Forms C-104 must be filed for each pool in multiply

