REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator

Tenneco Oil Company

Address

1860 Lincoln St., Suite 1200, Denver, Colorado 80295

Reason(s) for filing *(Check proper box)*

		Change in Transporter of:		Other *(Please explain)*
New Well	[X]	Oil [ ]	Dry Gas [ ]	
Recompletion	[ ]	Casinghead Gas [ ]	Condensate [ ]	
Change in Ownership	[ ]			

If change of ownership give name
and address of previous owner _____

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Leonard Bros.	5	Leonard Queen South	State, Federal or Fee **Federal**	NM-7951

Location

Unit Letter **O** : **660** Feet From The **South** Line and **1980** Feet From The **East**

Line of Section **13** Township **26S** Range **37E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Permian Corporation	**P.O. Box 3119, Midland, Texas 79701**
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
El Paso Natural Gas Co.	**P.O. Box 990, Farmington, N.M. 87401**

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	13	26S	37E	Yes	

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.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-4-77	9-16-77	3608'	3561'

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3005.3' GL	Leonard Queen South	3402'	None Set

Perforations
39 holes from 3480' - 3553'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	512'	520 sacks
7-7/8"	5-1/2"	3608'	950 sacks

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

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
9-16-77	9-19-77	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	none set	25	none
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	30	127	36

GAS WELL

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

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.

(Signature)

Division Production Manager
(Title)

9-26-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 4 1977** , 19____

BY _____

TITLE **Geologist**

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.