

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

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator
Tenneco Oil Company

Address
720 So. Colorado Blvd., Denver, Colorado 80222

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please specify)	CASINGHEAD GAS MUST NOT BE FLAMED AFTER 10/1/78 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
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"/>

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
NOTIFY THIS OFFICE.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Leonard Bros.	Well No. 19	Pool Name, including Formation Leonard Queen South	Kind of Lease State, Federal or Fee Federal	Lease No. NM 7951
Location Unit Letter C : 660 Feet From The N Line and 1980 Feet From The W 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston Tx 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 990 Farmington, NM					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 13	Twp. 26S	Rge. R37E	Is gas actually connected? No	When Future

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-14-78	Date Compl. Ready to Prod. 6-8-78		Total Depth 3642		P.B.T.D. 3559			
Elevations (DF, RKB, RT, GR, etc.) 3005' GL	Name of Producing Formation Queen		Top Oil/Gas Pay 3310		Tubing Depth 3557			
Perforations 3386-3414', 3448-3452', 3460-80', 3486-90', 3486-94'		Depth Casing Shoe 3500-12', 3520-24', 3540-52' w/ 1 JSPE						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 506'		SACKS CEMENT 500			
7 7/8"	5 1/2"		3642'		800			

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 6-8-78	Date of Test 6-10-78	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 9	Oil-Bbls. 9	Water-Bbls. 311	Gas-MCF 18

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.

Carley Zlatkova
(Signature)
Adm. Supr.
(Title)
6/30/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 10 1978, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT

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.

RECEIVED

AUG 9 1978

CH. CONSERVATION COMM.
LOSOS, N. M.