

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

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-11  
Effective 1-1-65

Operator	
TENNECO OIL COMPANY	
Address	
720 S. COLO. BLVD. PENTHOUSE	DENVER, COLORADO 80222
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"/>

If change of ownership give name and address of previous owner

Lesse Name		Well No.	Pool Name, including Formation		Kind of Lease	Lease No.
Leonard Bros.		20	Leonard Queen South		State, Federal or Fee Federal	NM-7951
Location						
Unit Letter	G	1980	Feet From The	N	Line and	1980
Line of Section		14	Township	26S	Range	37E
					NMPM,	Lea
						County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Permian Corp Permian (Eff. 9 / 1 / 87)		Box 1183 Houston Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas		Box 990 Farmington N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		Unit	Sec.
		N	11
		Twp.	26S
		Rge.	37E
		Is gas actually connected?	When
		yes	6-11-78

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

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.					
5-23-78	6-12-78	3650		3609					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
2997' GA	Queen	3310		3488					
Perforations 3580-86, 3526-48, 3500-18, 3486-90, 3404-3458, w/ 1 JSPP				Depth Casing Shoe					
				3650					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		500		500			
7-7/8"		5-1/2"		3650		900			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-12-78	6-25-78	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	14	49	28

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED JUL 21 1978, 19	
Administrative Supervisor		BY John W. Runyan	
7/18/78		TITLE JUL 1978 Geologist	
(Date)		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.	