

NO. OF COPIES RECEIVED	
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-105
Effective 1-1-65

Operator Tenneco Oil Company	
Address 720 So. Colorado Blvd., Denver, Colorado 80222	
Reason(s) for Filing (Check proper box)	Other (Please explain)
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	

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 8-1-78
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Leonard Bros.	Well No. 21	Pool Name, Including Formation Leonard Queen South R-5781	Kind of Lease State, Federal or Fee Federal	Lease No. NM-7951
Location Unit Letter <u>F</u> : <u>2180</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>W</u>				
Line of Section <u>14</u> Township <u>26S</u> Range <u>37E</u> , NMPM, <u>4</u> Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
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.		Box 1183, Houston, Tx 77001		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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.		
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 11	Twp. 26S	Rge. 37E
Is gas actually connected?		When		
No		Future		

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

V. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't'v. <input type="checkbox"/>	Diff. Res't'v. <input type="checkbox"/>
Date Spudded 5-21-78	Date Compl. Ready to Prod. 5-19-78		Total Depth 3640		P.B.T.D. 3605			
Elevations (DF, RKB, RT, GR, etc.) 2997' GL	Name of Producing Formation Leonard Queen South		Top Oil/Gas Pay 3320		Tubing Depth 3520			
Perforations 3570-08', 3484-27', 3416-12' w/ 1 JSPF					Depth Casing Shoe 3640			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		502		500 SX			
7 7/8"	5 1/2"		3640		1025 SX			

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 oil able for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks 5-21-78	Date of Test 5-26-78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 99	Gas - MCF 20

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		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 <u>5/31/78</u> , 19 <u>78</u>	
<u>Carley J. Stephens</u> (Signature)		BY <u>Supervisor District</u>	
<u>Adm. Supr.</u> (Title)		TITLE <u>SUPERVISOR DISTRICT</u>	
<u>5/31/78</u> (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multi-layered wells.	