

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
Tenneco Oil CompanyAddress
7990 IH 10 West, San Antonio, Texas 78230

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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Jennings Federal	Well No. 5	Pool Name, including Formation Double X Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM-033503
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Location	Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2055</u> Feet From The <u>West</u>				
Line of Section <u>14</u>	Township <u>24S</u>	Range <u>32E</u>	NMPM,	Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762		
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>14</u> Twp. <u>24S</u> Rge. <u>32E</u>	Is gas actually connected? <u>no</u>	When <u>January 3, 1984</u>

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

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'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 10-8-84	Date Compl. Ready to Prod. 12-14-84	Total Depth 4950'	P.B.T.D. -
Elevations (DF, RKB, RT, GR, etc.) 3600 GL	Name of Producing Formation Delaware	Top Oil/Gas Pay 4920'	Tubing Depth 4866'
Perforations 4920' - 2930' (10 holes)			Depth Casing Shoe 4950

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	620'	400 sx Cl. C
7 7/8"	4 1/2"	4950'	750sx HL + 200sx Cl.H
	2 3/8"	4866	

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)

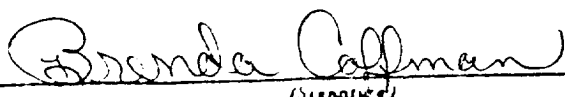
Date First New Oil Run To Tanks 12-21-84 (test tank)	Date of Test 12-21-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 50	Casing Pressure -	Choke Size 48/64"
Actual Prod. During Test	Oil-Bbls. 97	Water-Bbls. 48	Gas-MCF 85

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Agent

(Title)

December 28, 1984

(Date)

OIL CONSERVATION DIVISION

JAN 30 1985

APPROVED _____, 19____

BY Eddie W. Sady
Oil & Gas Inspector

TITLE _____

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 deviate 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 multiple completed wells.

RECEIVED

JAN 28 1985

C. C. C.
HONORARY OFFICE