

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Tenison Oil Company		Well API No. 30-025-09742
Address 8140 Wallnut Hill Ln. #601 - Dalls, Texas 75231		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> Effective: 11/1/91		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. J. Wells	Well No. 1	Pool Name, Including Formation Jalmat Tansill Yates 7 Rivers	Kind of Lease FED State, Federal or Fee	Lease No. H 122536
Location Unit Letter H : 2310 Feet From The North Line and 990 Feet From The East Line Section 12 Township 25S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Oil Trading & Transportation Co.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1188 - Houston, Texas 77251-1188				
Name of Authorized Transporter of Casinghead Gas Sid Richardson Carbon & Gasoline Co.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 76102 First City Bank Tower, 201 Main St., Ft.W. Tx.				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 12	Twp. 25S	Rge. 36E	Is gas actually connected? Yes	When? Unknown

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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. OPERATOR 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.

Signature Robert B. Tenison Jr.  
Printed Name Robert B. Tenison Jr. Manager- Marketing  
Date 11/12/91 Title (214) 363-5005  
Telephone No.

OIL CONSERVATION DIVISION  
NOV 20 1991

Date Approved  
By Paul Kautz  
Geologist

Title  
FOR RECORD ONLY MAY 20 1993

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.