Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

E 3y, Minerals and Natural Resources Departme

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		1018	AN	SPC	JH I OI	L AND NA	ATURAL G		I API No.			
Tenison Oil Company Address									0-025-09742			
8140 Wallnut Hill L	n. #601	Dal	ls,	, Te	exas 7	5231						
Reason(s) for Filing (Check proper box)					<del></del>	Ot	her (Please exp	lain)				
New Well Recompletion		Change in	٦.	•								
Change in Operator	Oil			y Gas		Effe	ective: 1	1/1/91				
If change of operator give name	Casinghe	ad Gas X	∫ Co	ndens	ale						<del></del>	
and address of previous operator					<del></del>				·			
II. DESCRIPTION OF WELL Lease Name	AND LE		n-	-1 61	• • •							
E. J. Wells		ing Formation nsill Ya	ites 7 Ri		of Lease FE , Federal or F		.ease No. 2536					
Location												
Unit Letter H	_:2	310	_ Fee	et From	n The N	orth Lin	ne and990	F	eet From The	East	Line	
Section 12 Townshi	ip 25S	· · · · · · · · · · · · · · · · · · ·	Rai	nge	36E	, N	мрм, Le	a			County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O			NATU	RAL GAS						
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)										
Enron Oil Trading & Transportation Co.  Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Box 1188 - Houston, Texas 77251-1188						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Sid Richardson Carbon & Gasoline Co.						Address (Give address to which approved copy of this form is to be sent) 7610 First City Bank Tower, 201 Main St. Ft.W. Tx					int) 76102	
If well produces oil or liquids,				Rge.	Is gas actuall	lty Bank	Tower,	201 Main St. Ft.W. Tx.				
give location of tanks.	Unit   A	12		5s l	36E	Yes	=	l when	Unkno	~~~		
f this production is commingled with that	from any oth	ier lease or j			commingl	ing order num	ber:		UIKIR	<u> </u>		
IV. COMPLETION DATA	1		<u> </u>			ariye, ea <u>Tanana a a sa</u>	772 011 101	7				
Designate Type of Completion	- (X)	Oil Well	ļ	Gas	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod	<u>.                                    </u>		Total Depth	V 1 2 4 4 4 4		P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Ton Oil/Cas I	op Oil/Gas Pay		F.B.1.D.			
, , , , , , , , , , , , , , , , , , , ,						l on one ray			Tubing Depth			
Perforations						Depth Casing Shoe						
TUBING, CASING A HOLE SIZE CASING & TUBING SIZE								)				
TIOLE SIZE	CAS	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
						· · · · · · · · · · · · · · · · · · ·		·				
TEST DATA AND DECUES	T FOD A	i i oiii i										
V. TEST DATA AND REQUES OIL WELL (Test must be after re												
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes	ai voiume o <sub>j</sub>	j toai	a ou a	ind must t	Producing Me	exceed top allov thod (Flow, pun	vable for this	depth or be f	or full 24 hours	s.)	
		-				1 toddeing ivie	uiou (Piow, puo	φ, gas tyt, e	ic.)			
ength of Test	Tubing Pressure					Casing Pressure			Choke Size			
actual Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas- MCF			
								· · · · · · · · · · · · · · · · · · ·				
GAS WELL  ctual Prod. Test - MCF/D												
icitiza Prod. 1est - MCI/D	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pùot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
ODED ATTOR COLO												
I. OPERATOR CERTIFICA	TE OF	COMPL	.IAI	NCE	∃	_		.==				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.						MAYAM						
11. 1	フ゛゙	1			li	Date /	Approved_					
Olott. b. for L						Orig. Signed by. Paul Kauts						
Signature Robert B. Tenison Jr. Manager- Marketing						DV === • •=#						
Printed Name 11/12/91					eting	-	) may	···			<del></del>	
	(2)	14) 363	5–5(	005		_ Title _					4 H	
Date		Teleph	one l	No.		FOR	RECO	RD C	NLY	MAY 2	30 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.