NO. OF COPIES RECEIVED DIS'RIBUTION SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMISSION	Form C-103 Supersedes Old C-102 and C-103 Effective 1–1–65	
U.S.G.S. LAND OFFICE CPERATOR		Sc. Indicate Type of Lease State X Fee 5, State Oil 6 Gas Lease No.	
		E 5018; K465, B-9613	
SUNDRY	7. Unit Agreement Name		
OIL GAS WELL X WELL	ОТНЕ 7 -		
A. Manue of Ciperator Tenneco Oil Company 3. Address of Ciperator		8, Farm or Lease Tame State U Com	
	ite 1200, Denver, Colorado 80203	9. Well No.	
4. Location of Well		10. Field and Pool, or Wildcat	
UNIT LETTERF 20	167 FEET FROM THE NORth LINE AND 2014 FEET FR	Stateline (Ellenberger)	
	424538E		
	15. Elevatics (Show whether DF, RT, GR, etc.)	12. County	
AIIIIIIIIIIIIIIIIIIIIIIIII		Lea	
TEMPORARILY ABANDON	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABAHDONMENT	
.7. Describe imposed of Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent details, and give pertinent dates, includ	ing estimated date of starting any proposed	
Plugged and abandone Set 5½" Titan CIBP @ Set other plugs as f 35 sacks of cement @ 35 sacks of cement @ 35 sacks of cement @ 70 sacks of cement @ 70 sacks of cement @	<pre>11950' w/3 sacks of cement. follows: 0 8064', top @ 7940' 0 7258, top @ 7510' 0 5800, top @ 5700' 0 3450, top @ 3350' 0 1040, top @ 940'</pre>		
Installed dry hole m of all debris.	arker and lOsx cement plug @ surface. Clear	ned up area	
in. Thereby certify that the information ab	use is true and complete to the best of a v knowledge and belief.		

<ul> <li>The reaction of the state of th</li></ul>	agrete to one dest of a consisting and acher.	
A DAMAGE AND A DAMAG	Div. Prod. Manager	DATE / 1997
$\partial \rho$		en en stationen in en
A STAN W. Rungan	ज्याक्षणि २०१२ हुम् । 	DATE
CONDITIONS OF APPROVAL, IF ANY		

1.	C STRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE	HOBBS OFFIC	ONSERVATION COMMIL ON FOR ALLOWABLE E AND C. INSPORT OIL AND NATURAL G.	Form C-104 Supersedes Öld C-104 and C-114 Effective 1-1-65 AS
r	Creator Tenneco Oil Company			
	Box 1031, Midland, Tex	95		
	Reason(s) for filing (Check proper box, New Wo;) Recompletion Change in Gwnership	Change in Transporter of: Oil X Dry Ga Casinghead Gas Conder	S Corp. to Shell P	er from the Permian ipe Line (:o. effective
	If change of ownership give name and address of previous owner			
	DESCRIPTION OF WELL AND	LEASE		
••••	Lease Name .	Lease No. Well No. Pool Nar	me, including Formation te Line (Ellenburger)	Kind of Lease State, Federal or Fee State
	Location			
	Unit Letter <u>F</u> ; 206			<sub>he</sub> West
l	Line of Section Tov	/nship 24-S Range	<u>38-E , NMPM, Lea</u>	County
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	X         or Condensate	S Address (Give address to which approv	ed copy of this form is to be sent)
، ۲	Shell Pipe Line Compan Name of Authorized Transporter of Cas	inghead Gas cr Dry Gas	Box 1910, Midland, Te Address (Give address to which approv	ed copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 4 24-S 38-E	Is gas actually connected? When NO	n
		h that from any other lease or pool,	give commingling order number:	
1.	COMPLETION DATA Designate Type of Completic	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	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
1				
ļ	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1				
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<b>v</b> .	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	nd must be equal to of exceed top allow
•	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas life	e, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF
	Actual prod. During : eat			
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
	Commission have been complied v	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	BY	, 19
			TITLE	
	17	24 I	TITLE	
	(Sign	ature) Fowler Hix	This form is to be filed in c If this is a request for allow	ompliance with RULE 1104. able for a newly drilled or deepened hied by a tabulation of the deviation
	(Sign Production Foreman	ature) Fowler Hix	This form is to be filed in c If this is a request for allow well, this form must be accompar tests taken on the well in accor	ompliance with RULE 1104. able for a newly drilled or deepened hied by a tabulation of the deviation dance with RULE 111. at be filled out completely for allow-

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