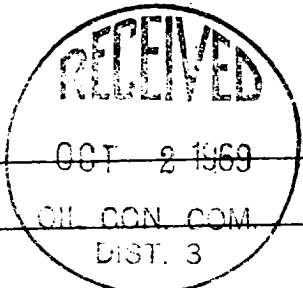


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LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-110
Effective 1-1-65

TRANSPORTER CHANGED FROM SHELL
OIL COMPANY TO SHELL PIPE LINE
CORPORATION EFFECTIVE 12/31/69



Operator Tenneco Oil Company	
Address Suite 1200, Lincoln Tower Bldg., Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Well orig. S.I.
Recompletion <input type="checkbox"/>	Installed Reda Pump
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Hospah	Well No. 8	Pool Name, Including Formation South Hospah (Lower Sand)	Kind of Lease State, Federal or Fee	Lease No. 081208
Location				
Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>2051</u> Feet From The <u>East</u>				
Line of Section <u>12</u> Township <u>17-N</u> Range <u>9-W</u> , NMPM, <u>McKinley</u> 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)		
Shell Oil Company		P.O.Box 1588, Farmington, N.M. 87401		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 12	Twp. 17	Rge. 9
		Is gas actually connected?		When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-17-67	Date Compl. Ready to Prod. 9-28-69	Total Depth 1709		P.B.T.D. 1669					
Elevations (DF, RKB, RT, GR, etc.) 6977 GR	Name of Producing Formation S.Hospah Lower Sand	Top Oil/Gas Pay 1613		Tubing Depth 1595					
Perforations 1613-18				Depth Casing Shoe 1687					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
15	10-3/4	55		50					
8-3/4	7	1687		110					

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 Tanks 9-27-69	Date of Test 9-28-69	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 704	Oil-Bbls. 81	Water-Bbls. 623	Gas-MCF TSTM.

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.		OCT 2 1969	
Sr. Production Clerk		APPROVED _____	
9-30-69		BY Original Signed by Emery C. Arnold	
		SUPERVISOR DIST. #3	
		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 deviation 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.	