			1
NO. UP COPIES RECEIVED 3			
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-
SANTA FE /			Effective 1-1-65
U.S.G.5.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	10
LAND OFFICE	AUTHURIZATION TO TRA	NSPORT OIL AND NATURAL GA	O(1)
OIL /			[2.1,
TRANSPORTER			1
OPERATOR 2			
PROBATION OFFICE		F	
Operator			
TENNE	CO OIL COMPANY	/ FEE!	
Address	70 <u>911 00141-111</u>	600	
Suite 1200 Lincoln	Tower Bldg - Denver, Col		<u> 22 %;; ; </u>
Reason(s) for filing (Check proper box,)	Other (Please explain)	21.0-
New Well	Change in Transporter of:		50M /
Recompletion	Oil Dry Gas		ST. 3
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		30-031-20207
Lease Name	Well No. Pool Name, Including Fo		Lease No
SFP-RR	15 Lone Pine Dal	kota "D" State, Federal	or Fee Fee
Location			
Unit Letter j : 2980	Feet From The West Line	e and 1710 Feet From Ti	he South
Onit Letter			
Line of Section 7 Tox	wnship 17N Range	8W , NMPM, McKin	Ley Count
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of Oil	or Condensate	Address (Give dadress to which approve	
Shell Pipe Line Corp	Shell Pipe Line Corporation 805 W. Munic		armington, New Mexico ed copy of this form is to be sent)
Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (live address to which approve	ea copy of this form is to be sent;
None			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	n
give location of tanks.	j	No	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
Designate Type of Completic	op = (X)	1	
		X : Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	•	2815
4-11-71	4-17-71 Name of Producing Formation	2830 Top Oil/Gas Pay	Z815 Tubing Depth
		2602	2803
6976 GR	Dakota	2602	Depth Casing Shoe
Perforations			2830
2760'- 62' W	/2 JSPF	ATUSTINA DECOSA	2030
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	40 SKS Circulated
12-1/4"	8-5/8"	65	300 Sacks
7-7/8	5-1/2"	2830	300 Sacks
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil o epth or be for full 24 hours)	and must be equal to or exceed top al
OIL WELL	able joi tita de	Producing Method (Flow, pump, gas lif	i, etc.)
Date First New Oil Run To Tanks	Date of Test	ł	,,
4-17-71	4-17-71 Tubing Pressure	Flowing Casing Pressure	Choke Size
Length of Test	i .		24/64
24	160	420 Water-Bbls.	24/64 Gas-MCF
Actual Prod. During Test	Oti-Bble.		285
350	350	None	20)
GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	pois. Condensate/MMCF	
		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casind Plessage (Suge-In)	
		1	TION COMMISSION
. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	TION COMMISSION
		488861155	APR 2 2 197
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	- Emeric C Arnold
a train base samplied	with and that the information given he best of my knowledge and belief.	By Original Signed by	Linery C. Terrote
above is true and complete to th	e con or mi unautable and sarran		JPERVISOR DIST, 架5
		TITLE	
1000	1/	This form is to be filed in	compliance with RULE 1104.
2117	ZY	Te at the terminant for allow	vable for a newly drilled or deepe
Sie	nature)	well, this form must be accompa tests taken on the well in accor	Uled DA # (#Ddiarion or or or a
(5.8)	•	il tests taken on the well in accor	

Sr. Production Clerk

April 21, 1071 (Date)

(Title)

All sections of this form must be filled out completely for allow able 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.