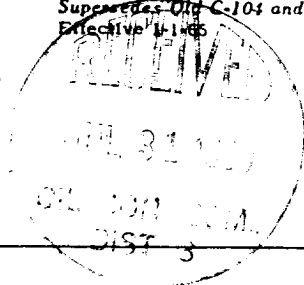


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TRANSPORTER	OIL	1
	GAS	
OPERATOR		4
PRORATION OFFICE		

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

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

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



I. Operator
Tenneco Oil Company
Address
1200 Lincoln Tower Building Denver, Colorado 80203
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Converted from Water Injection to Pumping Oil Well

If change of ownership give name and address of previous owner _____ Note: Well Originally completed as WTW 3-13-69

II. DESCRIPTION OF WELL AND LEASE
Converted to Oil Pumping Well 6-18-69
Lease Name South Hospah Unit Well No. 28 Pool Name, including Formation South Hospah Upper Kind of Lease State, Federal or Fee Fed NM Lease No. 081208
Location
Unit Letter A : 933 Feet From The F/NL Line and 1485 Feet From The F/EL
Line of Section 12 Township T-17N Range 9W , NMPM, McKinley County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Oil Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1588 Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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 A 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: _____

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well X Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 2-9-69 Date Compl. Ready to Prod. Total Depth 1675' P.B.T.D. 1627
Elevations (DF, RKB, RT, CR, etc.) 6986 KB Name of Producing Formation South Hospah Upper Top Oil/Gas Pay 1549 Tubing Depth 1587
Perforations 1549-1550 Depth Casing Shoe 1658
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
9-7/8 8-5/8 51' 40 SKS
6-3/4 4-1/2 1658' 240 SKS
2-3/8" EUE 1587' -----

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 6-18-69 Date of Test 6-18-69 Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 Tubing Pressure --- Casing Pressure --- Choke Size ---
Actual Prod. During Test 1 Oil-Bbls. 1 Water-Bbls. 315 Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE
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.

(Signature)
Senior Production Clerk
(Title)
July 28, 1969
(Date)
OIL CONSERVATION COMMISSION
JUL 31 1969
APPROVED _____, 19
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #9
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.
Separate Forms C-104 must be filed for each pool in multiply