	DISTRIBUTION / SANTA FE / -		OR ALLOWABLE AND	Form C-104 Supersedes Old C-101 and C-110 Effective 1-1-65
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	TRANSPORTER OIL / GAS		6	•
	PRORATION OFFICE	· management	A GUANCED EDOM CHELL	
J.	Operator		R CHANGED FROM SHELL IY 10 SHELL PIPE LINE	
	Tenneco Oil Company CORPORATION EFFECTIVE 12/31/69			
	Suite 1200 Lincoln Tower Bldg. Denver, Colorado 80203			
	eason(s) for filing (Check proper box) Other (Please explain)			
	New Well X	Change in Transporter of: Oil Dry Gas		
•	Change in Ownership	Casinghead Gas . Condens	sate 🗍 ;	
	If change of ownership give name			
and address of previous owner				•
11.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.
	South Hospah Unit	77 1 0 11		or Fee Fed. NM 081208
•	Location			
	Unit Letter B; 330 Feet From The North Line and 2800' Feet From The East			
	Line of Section 12 Tow	mship 17-N Range 9)-W , NMPM, McK	inley County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
111.	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)
	Shell Oil Company Name of Authorized Transporter of Cas	Instead Cas Co. or Dry Cas Co.	P. O. Box 1588 Farming Address (Give address to which approve	ton, New Mexico
	Name of Authorized Transporter of Cas	Tuduesa Gas [] of Dry Gas []	Address (Nive address to which approve	as cop, o, and , and a comme
	If well produces oil or liquids,		Is gas actually connected? When	
give location of tanks. B 12 17 9				
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Out Well Gas Well New Well Workover Deepen Plug Back Same Ro				Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	on - (X) Off Well Gas Well	New Well Workover Deepen	Plug Back Same Res V. Ditt. Res V.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	9-2-69	9-9-69 Name of Producing Formation	• ' <u>1626</u> Top Oil/Gas Pay	1620 Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Upper Hospah	1574	1618
	Perforations .		Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12- ¹ / ₁ " 7-7/8"	8-5/8" 24# 5-3" 15.5#	78 1 6 26	70 96
	1-1/0)-2 ±)•/II.	1020	70.
				CITIE TO an allow
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be qual to price able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	
	9-9-69 Length of Test	9-11-69 Tubing Pressure	Pumping Casing Pressure	Chox = 5 1969
	24		Water-Bbls.	/
	Actual Prod. During Test 149	Oil-Bbls. 149	0	Gas MOTE COST. 3
			,	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	ATION COMMISSION
•			SEP 1 5 1969	
	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 Sr. Production Clerk (Title)		By Original Signed by Emery C. Arnold	
			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 despended 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 transpo	rten or other such change of conditions at he fited for each pool in multiply
		•	Displance & Cont. Series Cont.	• • • • • • • • • • • • • • • • • • • •