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LAND OFFICE				
TRANSPORTER	OIL	/		
	GAS			
OPERATOR		2	/	
PRORATION OFFICE		1		

	SANTA FE / FILE / / / U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS OPERATOR 2		CONSERVATION COMM FOR ALLOWABLE AND ANSPORT OIL AND I		Effective 1-1	Old C-194 and C-11	
1.	Operator Operator						
	TENNECO Address	O OIL COMPANY					
	Reason(s) for filing (Check proper box)	203	· · · · · · · · · · · · · · · · · · ·				
	Now Well Recompletion Change in Ownership	Change in Transporter of: Oil	' = 1	,			
	change of ownership give name nd address of previous owner						
II.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including F	over all o	Hei Kind of Lease	rs of Don ne		
Don ne pah					Federal or Fee Lease No.		
Location Unit Letter E ; 820 Feet From The North Line and 500 Feet From The West							
				_ McKinle		County	
111	-					County	
111.		DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sen					
	The Permian Corp. Name of Authorized Transporter of Cas	200 B Petroleu Address (Give address t					
	NONE	Inghead Gas or Dry Gas	nadices (orbe adores)	о инист арргов	ed copy of this form is	to be sem;	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connecte No	ed? Whe	n		
IV	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA						
•••	Designate Type of Completio	n - (X) Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth		P.B.T.D.		
	5/29/70	6/9/70	2950		2922		
	Elevations (DF, RKB, RT, GR, etc.) 7058 GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 2796-2834		Tubing Depth 2750		
	Perforations	<u>. included a company of the company</u>				h Casing Shoe	
	2802-21 & 2827-29			2950			
	TUBING, CASING, AN HOLE SIZE CASING & TUBING SIZE		D CEMENTING RECORD DEPTH SET		SACKS CEMENT		
	11-14	8-5/8" 24#	74		75 Cir	MEAT.	
	7-7/8	5-1/2" 15.5#	2950		135 Sks		
			<u> </u>	· · · · · · · · · · · · · · · · · · ·			
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)					exceed top allow-	
	Date First New Oil Run To Tanks 6-8-70			Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	of Test Cubing Pressure Casing Pressure			Choke Size		
	12 hrs.	700 psig	800 psig		17/64"		
	Actual Prod. During Test -129	O11-Bbls. 258	Water-Bbls.	~	Gas-MCF 510 MCF/0		
	GAS WELL					12	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	7	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in)	Choke Size	1 5 1979 	
VI.	CERTIFICATE OF COMPLIANCE	L CE	OIL C	CONSERVA	TION COMMISSION	N. COM.	
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.			APPROVED 6-15 70				
			O Could				
			BY Chelly Charg				
			TITLE	1 sup.	pri !!!		
	2011 Just	This form is to be filled 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.					
	(Signa						
	Sr. Production Clerk						
	(Tite	(e)	able on new and rec	completed wel	11a.		
	6/10/70 (Da)	te)	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.				

well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.