

DISTRIBUTION		
SANITARY	1	
FILE	1	
TRANSPORTER	OIL	
	GAS	1
OPERATOR		2
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
ANDForm C-104
Supersedes Old C-104
Effective 1-1-65

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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"/>	Designation of Transporter
Recompletion <input type="checkbox"/>	on casing head gas for injection into
Change in Ownership <input type="checkbox"/>	"A" Zone - Lone Pine Dakota "D" field.
Change in Transporter of:	Effective 10/15/71
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

14-20-0603-9871

Lease Name DCN NE PAH	Well No. 1	Pool Name, Including Formation Lone Pine Dakota "D"	Kind of Lease State, Federal or Fee Ind.	Lease No.
Location				
Unit Letter D ; 820 Feet From The North Line and 500 Feet From The West				
Line of Section 18 Township 17 Range 8 , NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Tenneco Oil Company	Suite 1200 Lincoln Tower Bldg. - Denver, Colo.					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 18	Twp. 17	Rge. 8	Is gas actually connected? Yes	When October 15, 1971

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 Restv.	Drill Feet
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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)

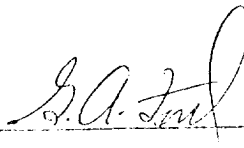
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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)
Sr. Production Clerk
(Title)
12/6/71
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 6 1971, 19
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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 allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for change 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 multi-
completed wells.