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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

Operator <u>Tenneco Oil Company</u>	
Address <u>Suite 1200 Lincoln Tower Bldg - Denver, Colo. 80203</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<u>Change of Well Name and Number from 'Don De Pak #1'</u>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Effective <u>4/1/77</u>	
Change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE		117	14-20-0603-9871
Lease Name <u>Lone Pine Dakota D</u>	Well No. <u>#1</u>	Pool Name, Including Formation <u>Lone Pine Dakota D</u>	Kind of Lease State, Federal or Fee <u>Indian</u>
Location		Lease No.	
Unit Letter <u>D</u>	<u>820</u> Feet From The <u>North</u> Line and <u>500</u> Feet From The <u>West</u>		
Line of Section <u>18</u>	Township <u>17</u>	Range <u>8</u>	NMPM, <u>McKinley</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipe Line Corp</u>	<u>805 W. Municipal DR - Farmington NM</u>
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)
<u>Tenneco Oil Co</u>	<u>Suite 1200 Lincoln Tower Bldg Colo</u>
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>18</u> Twp. <u>17</u> Rge. <u>8</u>
	is gas actually connected? <u>Yes</u> When <u>10-15-71</u>

If this production is commingled with that from any other lease or pool, give commingling order number:	
COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

I. 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.

G.A. Ford  
(Signature)  
sv. Prod. Clerk  
(Title)  
3/20/77  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED MAR 31 1972, 19\_\_\_\_  
BY Original Signed by Emery C. Arnold  
APPROVING DIST. #1  
TITLE \_\_\_\_\_

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 completed wells.