MO. OF COPIES RECEIVED		15	5	
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FILE		1	4	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS			
OPERATOR		2		
PRORATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

	FILE / L	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	U.S.G.S.						
	LAND OFFICE		THE SET OF AND HATOKAL	343			
	TRANSPORTER OIL /						
	GAS						
	OPERATOR 2						
1.	PRORATION OFFICE	<u> </u>	····				
	TENNECO OIL COMPANY						
	Address						
	SUITE 1200 LING	SUITE 1200 LINCOLN TOWER BLDG. DENVER, COLGRADO 80203					
Reason(s) for filing (Check proper box) Other (Please explain)				.2			
	New Well	Change in Transporter of:	Jiam Dern	man Corp.			
	Recompletion	Otl X Dry Ga	s []	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Change in Ownership	Casinghead Gas Conden	sate Effective Nove	mber 24, 1970			
	If change of ownership give name						
	and address of previous owner						
11	I. DESCRIPTION OF WELL AND LEASE						
	Lease Name Well No. Pool Name, including Formation Kind of Lease No.						
	SFP- RR 5 Undasignated Dakota State, Federal or Fee For						
	Location						
	Unit Letter P; 4620 Feet From The West Line and 660 Feet From The South						
	12) -7	_				
	Line of Section /5 To	wnship Range	9 , NMPM, M	E Kinley County			
777	DECKENATION OF TRANSPOR	TER OF OIL AND NATURAL CA	,	(
111.	II. 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 seen address.)						
	i		P. O. Box 3119 - Midla				
	Western Oil Transportat Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en			
give location of tanks.							
	If this production is commingled with that from any other lease or pool, give commingling order number:						
IV.	COMPLETION DATA		[N-1, W-1]	Disc Book Comp Death Diff Death			
	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spaced	Date Comparticular to 110a.	10.00				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations Depth Casing Shoe						
			CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
				-70			
				1 970			
			1	NOA 3			
v	TEST DATA AND REQUEST F	ST DATA AND PROUEST FOR ALLOWARIE (Test must be after recovery of total volume of load oil and must be some of respectively					
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test (Test must be after recovery of total volume of load oil and must be equivalent to the post of the pump of the post of the pump							
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(t, etc.)			
				Choke State			
	Length of Test	Tubing Pressure	Casing Pressure				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
				I NOV 3 A tora			
	<u> </u>			1 000			
	GAS WELL			OIL CON COM			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grantly di Confiencete			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		OIL CONSERVATION COMMISSION				
			APPROVED NOV 3 0 1970 By Original Signed by Emery C. Arnold				
	shove is true and complete to the	e best of my knowledge and belief.	BY				
	Sr. Production Clerk (Title)		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 allowable on new and recompleted wells.				
•							
			11				

Fill out only Sections I. H. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Security Forms C-104 must be filed for each pool in multiply

November 24, 1970 (Date)