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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 _Tenneco Oil Corp._

Address _Suite 1200 Lincoln Tower Bldg, Denver, Colo. 80203_

Reason(s) for filing (Check proper box)

		Change in Transporter of:				Other (Please explain)
New Well	☐					_Change of Well Name & Number_
Recompletion	☐	Oil	☐	Dry Gas	☐	_from BFP-RR #5_
Change in Ownership	☐	Casinghead Gas	☐	Condensate	☐ ✓	_Effective 4/1/72_

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lone Pine Dakota Unit	_25_	_Lone Pine Dakota D._	State, Federal or Fee _Fee_	

Location

Unit Letter _P_ ; _4620_ Feet From The _West_ Line and _660_ Feet From The _South_

Line of Section _13_ Township _17_ Range _9_ , NMPM, _McKinley_ County

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 sent)

Shell Pipe Line Corp.   _805 W. Municipal DR - Farmington, NM_

Name of Authorized Transporter of Casinghead Gas X or Dry Gas ☐   Address (Give address to which approved copy of this form is to be sent)

Tenneco Oil Co.   _Suite 1200 Lincoln Tower - Denver, Colo._

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	_J_	_13_	_18_	_9_	_Yes_	_10-15-71_

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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

TEST DATA AND REQUEST FOR ALLOWABLE
(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)

OIL WELL

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

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DIST. 3

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

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.

S. G. Ford
(Signature)

As Production Clerk
(Title)

_3/30/72_
(Date)

OIL CONSERVATION COMMISSION

APPROVED _MAR 31 1972_ , 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 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.