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LAND OFFICE				
IRANSPORTER	OIL	1		
	GAS			
OPERATOR		12		
PRORATION OFFICE			{	

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	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION DECLIEST FOR ALL OWARD F		Form C-104 Supersedes Old C-104 and C-110	
	FILE /	Effective 1-1-65			
	<u> </u>	AND			
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	OIL /				
	TRANSPORTER GAS				
	OPERATOR 2				
_	PRORATION OFFICE	•			
1.	Operator				
	TENNECO	OIL COMPANY			
	Address				
	SUITE 1200 LING	OLN TOWER BUDG. DENVER	GOLGRADO 80203	·	
	Reason(s) for filing (Check proper box)		Other (Please explain)	/	
	New Well	Change in Transporter of:	231	mian Corp.	
	Recompletion	Oil X Dry Gas	[] from In		
	Change in Ownership	Casinghead Gas Condens	Effective Novem	ber 24, 1970	
			_		
	If change of ownership give name and address of previous owner		14-20-06	3-7871	
		•			
II.	DESCRIPTION OF WELL AND I	LEASE	Heirs of	Don He FED	
	Lease Name	Well No. Pool Name, Including Fo		Lease No.	
	DONNE Pan	2 Undesigna	Tod USKOR State, Federal	crree	
	Location	en west	2010	alandle	
	Unit Letter;;	Peet From The West Line	and Feet From T	he	
	,0	40	6 Ma	Kila	
	Line of Section Tow	vnship Range	Y, NMPM, MS	County	
		TER OF OIL AND MATTIRAL CAS	•		
III.	Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GAS Or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)	
			P. O. Box 3119 - Midlar	ľ	
	Western Oil Transportat Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)	
		Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n	
	If well produces oil or liquids, give location of tanks.	E 18 17 8	!		
		al at the same at the language or pool.	give commingling order number:		
T 3/	If this production is commingled with COMPLETION DATA	th that from any other lease or pool, a	give committeeing order nameer.		
I V .		. •	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	$\operatorname{on} - (X)$			
	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	
	·			Depth Casing Shoe	
	Perforations				
		THRING CASING AND	CEMENTING RECORD		
	101 5 6175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & 100 III G			
•,	TEST DATA AND REQUEST F	OR ATLOWARIE (Test must be at	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
٧	OIL WELL	able for this de	pth or be for full 24 hours)		
	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
				Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	Chord Size	
			Water-Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.	Heter - 2515.		
		1		<u> </u>	
	CAC WELL				
	Actual Prod. Tost-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	
			·		
1 /T	CERTIFICATE OF COURT IAN	ERTIFICATE OF COURTINGE OIL CONSERVATION COMMISSION			
TI, CERTIFICATE OF COMPENSOR					
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. TITLE SUPERVISOR This form is to be form the series of the series taken on the well.		APPROVED NOV 3 0 1970 , 19,		
			Way repres 1 Sproad to	ed by Emery C. Arnold	
			BY		
			TITLE SUPERVISOR DIST. 448		
			This form is to be filed in compliance with RULE 1104.		
			If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
			Il tages taken on the well in acco	ordance with RULE iii. ust be filled out completely for fillous	
	St. FIDUUCLIO	IL OICLA	II All sections of this form the	dat no trisan one combinion, to any	

(Title) November 24, 1970

All sections of this form must be lifted out completely to other able 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.