ſ	BO. OF COPIES RECEIVED		•						
ŀ	DISTRIBUTION	=							
-	SANTA FE /		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110					
ŀ	FILE /	REQUEST	FOR ALLOWABLE	Effective 1-1-65					
-			AND						
- 1	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (SAS					
	LAND OFFICE								
	TRANSPORTER GAS GAS		•						
	OPERATOR 3								
1.	PRORATION OFFICE	• 1							
-	Operator	0. 0							
Tenneco Oil Company Address Suite 1200 Lincoln Tower Bldg Denver Colorado. 80 Reason(s) for filing (Check proper box) Total (Please explain) FROM Western									
						New Well	Change in Transporter of:	Tensbor tation	1 CO TO Shell Pipe
						Recompletion	Oil Dry Ga:		. 00 10 0,000
						Change in Ownership	Casinghead Gas Conden	isate DLine (n-off	ective Abbo av
			Feb. 8, 19						
	If change of ownership give name		1001 6) 101						
	and address of previous owner		IA.	20-063-9871					
			Heirs 6.4	Pan No Pak					
П.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo		Lease No. 1					
	Don Ne Pah		ZKote D" State, Federa	rl or Fee					
	Location Unit Letter	60 Feet From The West Lin	e and	The North					
		10		- 1. 1.					
	Line of Section Tow	nship Range	, NMPM,	- KIN/EY County					
TIT.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	as						
	Name of Authorized Transporter of Oil		Address (Give address to which appro	ved copy of this form is to be sent)					
	Shall Ding 1	e Commission	1805 W. Municipal DO	- Farmington, NM					
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)					
	Neme of Administration								
		Unit Sec. Twp. Rgg	Is gas actually connected? Wh	en					
	If well produces oil or liquids,	7 17 8		•					
	give location of tanks.								
	f this production is commingled with that from any other lease or pool, give commingling order number:								
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.					
	Designate Type of Completio		New Well Workover Beepen	1,149,244					
	Designate Type of Completes	1	10010	P.B.T.D.					
	Date Spudded	Date Campl. Ready to Prod.	Total Depth	F.B.1.D.					
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Perforations			Depth Casing Shoe					
		TUBING, CASING, AN	D CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	HOLE SIZE		<u> </u>						

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, fast lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	90 REC
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas THEB 17 1971
GAS WELL			OIL CON, COM.
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shat-ia)	Caeing 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.

Clerk Production (Title)

OIL CONSERVATION COMMISSION

FEB 8 1971 APPROVED_ Chighia, organic by innery C. Arnold BY. SUPERVISOR DIST. 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.