NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		4
u.s.g.s.		
LAND OFFICE		
OIL	1	
GAS		
OPERATOR		
PRORATION OFFICE		
	OIL GAS	OIL / GAS

1,4

NO: 07 COVICES INC. 27 CO		ť		
DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	. Form C-104	
SANTÀ FE /	1	FOR ALLOWABLE Supersedes Old \$\(\frac{c}{-10\) and \$C-1}\$. Effective 1-1-65		
U.S.G.S.	- 	AND NSPORT OIL AND NATURAL		
LAND OFFICE	AUTHORIZATION TO TRA	143FORT OIL AND NATURAL	GAS	
TRANSPORTER OIL /				
OPERATOR 9	_		·	
PROPATION OFFICE				
Operator				
Tenneco	Oil Company			
Address				
1200 Lir	coln Tower Bldg., Denver			
Reason(s) for filing (Check proper bo	Change in Transporter of:	Other (Please explain)		
Recompletion	Oil Dry Gas	s 🗖		
Change in Ownership	Casinghead Gas Conden	sate		
	<u> </u>	•		
change of ownership give name nd address of previous owner				
DESCRIPTION OF WELL AND) I FASE	•	30-031-20172	
Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lea	se Lease No.	
SFP - RR	7 Undesignated	Dakota State, Feder	ral or Fee Fee	
Location				
Unit Letter N ; 19	80 Feet From The West Line	e and 660 Feet From	The South	
. 12	17	0	M-771-1	
Line of Section 13	ownship 17 Range	9 , ммрм,	McKinley County	
ESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S		
Name of Authorized Transporter of C		Address (Give address to which appr	oved copy of this form is to be sent)	
Western Oil Transpo	ortation Co., Inc.	Box 3119, Midland, 7	ſexas .	
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)	
If well produces oil or liquids,	Unit Sec. Twp. Rge.		'he∙n	
give location of tanks.	N 13 17 9	No		
	with that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complete	xion = (X)	x		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
11/23/70	11/29/70	2812	2802	
Elevations (DF, RKB, RT, GR, etc.,		Top Oil/Gas Pay Tubing Depth		
6989 GR	Dakota	2727	2745 Depth Casing Shoe	
Perforations	50 W/2 SPF			
2/3/-2/		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4	8-5/8	76	40 Circulated	
7-7/8	5-1/2	2812	300 sack	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load or with or be for full 24 hours)	il and must be equal payor exceed top allow	
DIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.) Off	
11/29/70	11/30/70	Flowing	lift, etc.) OIL CON. CON.	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 Hrs	246	650	12/64	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
137	129	8	206	
OAC WELT				
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 COMPLIA	NCE	OIL CONSERVATION COMMISSION		
			1970	
hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED	, 19	
Commission have been complied	i with and that the information given the best of my knowledge and belief.	By Original Signed b	by Emery C. Arnold	
was and complete to		13		
•	1/	TITLE SUPERVISOR DIST	14 3/-	
6/17-		This form is to be filed in compliance with RULE 1104.		
D.U to	<i>a</i> 1	If this is a request for all	ovable for a newly drilled or deepene	
	gnature)	well, this form must be accompanied tests taken on the well in accompanied to the second tests.	panied by a tabulation of the deviation	
Sr. Production Cle		All sections of this form t	must be filled out completely for allow	
· · · · · · · · · · · · · · · · · · ·	(Title)	able on new and recompleted	wells.	

11/30/70

(Date)

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. well name or number, or transporter, or other such change of Separate Forms C-104 must be filed for each pool in multiply completed wells.