80. 07 COPIES RECEIVED		6			
DISTRIBUTION					
SANTA FE		1			
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	1			
	GAS				
OPERATOR		3			
PROBATION OFFICE					
Operator Tenne					
Address					
Suite	200		Lin		
Suite 1200 Liv Reason(s) for filing (Check proper box)					
New Well	닏				
Recompletion					

	DISTRIBUTION SANTA FE / FILE /	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS OPERATOR 3	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	GAS		
ı.	PROBATION OFFICE					
	Tenneco Oil Combiany					
. •	Address Suite 1200 Li Reason(s) for filing (Check proper box New Well Recompletion	Suite 1200 Lincoln Tower Bldg, - Denver Colorado 8020 son(s) for filing (Check proper box) Change in Transporter of: Tensbortation Co To Shell P				
	Change in Ownership	ective Abbany				
If change of ownership give name and address of previous owner						
U.	DESCRIPTION OF WELL AND Lease Name SFP- RR Location	Well No. Pool Name, Including F 7 Lone Pine D	N. 1. 1	or Fee Fee		
	Line of Section /3 Tox	waship /7 Range	9 , NMPM, MS	Kibley County		
TIT.						
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Clensate Address (Give address to which approved copy of this form is to be sent) Shell Pibe Line Common State Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	∍n		
	If this production is commingled wir COMPLETION DATA	th that from any other lease or pool,				
	Designate Type of Completion		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		
		T	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be small of able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	ft, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size EB 8 1871		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-McPIL CON. CC. DIST. 3		
			<u> </u>			
-	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. 1681-MCF/D	Length of 165t	Balar Galizaria (1975)	diami, or dollarisation		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing 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.		13	TION COMMISSION 8 1971			
		Original Signed by Emery C. Arnold				
		TITLE SUPERVISOR DIST. #3				
	SIL	V	This form is to be filed in	compliance with RULE 1104.		
SR. Production Clerk. Feb. 5, 1971 (Date)			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.