DISTRIBUTION &	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S. LAND OFFICE: IRANSPORTER GAS / OPERATOR 2 PRORATION OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURA	AL GAS
Operator Tennoco Oi	1 Company		
Address			
Suite 1200 Li Reason(s) for filing (Check proper box) New Well Recompletion		1 1 1	besignation of Transporter gas for injection into he Pine Dakota "b" rield.
Change in Ownership	Casinghead Gas Conder	Effective 10	2/15/71
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND I	EASE		30-031-20172
Lease Name SFP - RR	Well No. Pool Name, Including For Pine Dal	1	Lease No.
Location			South
		•	rom The
Line of Section 13 Tow	nship 17 Range	, NMPM, McK	inley County
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil		Address (Give address to which a	pproved copy of this form is to be sent)
Name of Authorized Transporter of Cast	nghead Gas 🔝 or Dry Gas 🦳	1	pproved copy of this form is to be sent) Tower Bldz Denver. Jolo.
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 13 18 9	Is gas actually connected?	When
If this production is commingled with	that from any other lease or pool,	give commingling order number:	. Cctober 15, 1971
Designate Type of Completion	Otl Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations			, Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOOL WELL	RALLOWABLE (Test must be a able for this de	fter recovery of total volume of load pth or be for full 24 hours)	oil and must be equal to or exceed top allow
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas MCF DEC 0 871
<u> </u>			OIL COM COM
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Sandensate
Testing Method (pitot, back pr.)	Tubing Pressure (Ehut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	

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.

(Signature)

(Title)

(Dute)

Sr. Production Clerk

12/6/71

ON COMMISSION 9 1971 DEC

APPROVED. Original Signed by Emery SUPERVISOR DIST.

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.