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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	4
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator <u>Tenneco Oil Company</u>	
Address <u>Suite 1200 Lincoln Tower Bldg - Denver, Colo. 80203</u>	
Reason(s) for filing (Check proper box) Other (Please explain) <u>Change of Well Name & Number</u> <u>from SFP. RR #7</u> <u>effective 4-1-72</u>	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	
Change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name <u>Lone Pine Dakota D Unit 24</u>			<u>Lone Pine Dakota D.</u>	State, Federal or Fee <u>Fee</u>	
Location Unit Letter <u>N</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u> Line of Section <u>13</u> Township <u>17</u> Range <u>9</u> , NMPM, <u>McClellan</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		<u>805 W. Municipal DR - Farmington, NM</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) <u>Suite 1200 Lincoln Tower - Denver, Colo</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>2</u> Sec. <u>13</u> Twp. <u>8</u> Rge. <u>9</u>	Is gas actually connected? <u>Yes</u>	When <u>10-15-71</u>

If this production is commingled 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 Completion - (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			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

G.A. Ford
(Signature)
Production Clerk
(Title)
3/30/72
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	<u>MAR 31 1972</u> , 19
BY	<u>Original Signed by Emory C. Arnold</u>
TITLE	<u>SUPERVISOR DIST. #3</u>

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.