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**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 Tenneco Oil Company

Address Suite 1200 Lin. Coln. Tower Bldg - Denver, Colo. 80203

Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate Other (Please explain) Change of Well Name & Number from SFP. RR # 7 effective 4-1-72

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lone Pine Dakota D Unit 24</u>	Well No. <u>24</u>	Pool Name, Including Formation <u>Lone Pine Dakota D.</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipe Line Corp</u>	Address (Give address to which approved copy of this form is to be sent) <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"/> <u>Tenneco Oil Company</u>	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

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> 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							

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

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 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)
sv Production Clerk
(Title)
3/30/72
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 31 1972, 19 _____

BY Original Signed by Emery C. Arnold

TITLE ADMINISTRATOR DIST. #3

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.