

DISTRIBUTION		5		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE				REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
FILE		1		AND		Effective 1-1-65	
U.S.G.A.		1		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE							
TRANSPORTER		OIL					
		GAS		1			
OPERATOR		2					
PRORATION OFFICE							
Operator Tenneco Oil Company							
Address Suite 1200 Lincoln Tower Bldg. Denver, Colorado 80203							
Reason(s) for filing (Check proper box)				Other (Please explain)			
New Well <input type="checkbox"/>				Designation of Transporter			
Recompletion <input type="checkbox"/>				on casing head gas for injection into			
Change in Ownership <input type="checkbox"/>				"A" Zone - Lone Pine Dakota "D" field.			
				Effective 10/15/71			
Change in Transporter of:							
Oil <input type="checkbox"/>				Dry Gas <input type="checkbox"/>			
Casinghead Gas <input type="checkbox"/>				Condensate <input type="checkbox"/>			
If change of ownership give name and address of previous owner							
DESCRIPTION OF WELL AND LEASE							
30-031-20182							
Lease Name		Well No.		Pool Name, including Formation		Kind of Lease	
SFP - RR		9		Lone Pine Dakota "D"		State, Federal or Fee Fee	
Lease No.							
Location							
Unit Letter F ; 2180 Feet From The North Line and 2180 Feet From The West							
Line of Section 13 Township 17 Range 9 , NMPM, McKinley County							
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
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)			
Tenneco Oil Company				Suite 1200 Lincoln Tower Bldg. - Denver, Colo.			
If well produces oil or liquids, give location of tanks.				Unit		Sec.	
				J		13	
				Twp.		18	
				Rge.		9	
				Is gas actually connected?		When	
				Yes		October 15, 1971	
If this production is commingled with that from any other lease or pool, give commingling order number:							
COMPLETION DATA							
Designate Type of Completion - (X)		Oil Well		Gas Well		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	
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	
						DEC 11 1971	
						OIL CON. COM.	
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	
OIL CONSERVATION COMMISSION							
DEC 9 1971							
APPROVED							
BY Original Signed by Emery C. Arnold							
TITLE SUPERVISOR DIST. #3							
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.							
S. A. Ford							
(Signature)							
Sr. Production Clerk							
(Title)							
12/6/71							
(Date)							
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.							