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DISTRIBUTION			
SANTA FE		1	
FILE		/	2
U.S.G.S.		<u> </u>	
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	\coprod	
OPERATOR		7	<u> </u>
PRORATION OFFICE			1

NEW MEXICO OIL CONSERVATION COMMISSION

	ANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
-	= ILE / &	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
_	LAND OFFICE	AUTHORIZATION TO TRAN	SI OKT OIL AND NATOKAL OA				
-	TRANSPORTER OIL /			-			
	GAS /						
L.	PRORATION OFFICE						
٠ ــ	Operator Operator						
	Tenneco Oil C	ompan y					
ſ	Address Suitel200 Lincoln Tow		orado 80203				
H	Reason(s) for filing (Check proper box)		Other (Please explain)				
- 1	New Well X	Change in Transporter of:					
- 1	Recompletion	~ H	Oil Dry Gas Condensate Condensate				
Ĺ	Change in Ownership	Cusinglicat GGS					
I	change of ownership give name nd address of previous owner		Well converted t	o a dual 7/24/72			
				30-031-20182			
	DESCRIPTION OF WELL AND LI	Well No. Pool	mindle. Kind of Lease	Lease No.			
1	SFP RR	9	Dakota "A" State, Federal	or Fee State			
Ì	Location	North	and 2180 Feet From T	he West			
-	Unit Letter F : 2180	Feet From The XXXX Line	and eet				
	Line of Section 13 Town	aship 17 Range 9	, NMPM, McKi	nley County			
	TO ANGRORE	ED OF OIL AND NATURAL GAS					
II.	DESIGNATION OF TRANSPORT	or Condensate X					
l i	Shall Pine Line Corn	,	Box 1588 - Farmingtor Address (Give address to which approv	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Cast	nghead Gas or Dry Gas	Suite 1200 Lincoln Tower Bldg Denver, Colo.				
	Tenneco Oil Company	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n			
	If well produces oil or liquids, give location of tanks.	F 13 17 9	Yes	7/31/72			
,	If this production is commingled with	h that from any other lease or pool,	give commingling order number:				
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion		Total Depth	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Bep.ii				
	Elevatible DF QKB, RT, GR, etc.;	Name of Prod val 24 For 2 ation	Тор О 28-10 Рау	Tubing D 2800			
			2562	Depth 274 0 Shoe			
	Perforat 6994	Undes. Dakota "A"		0010			
	25631 - 721	W/ S JOP NG, CASING, AND	CEMENTING RECORD	2810 SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMEVA			
	12=1/4	8-5/8	76	40 Sacks			
	7-7/8	5-1/2	2810	300 Sacks			
		2-3/8 Tbg.	2710	and must be equal to or exceed top allow-			
v.	EST DATA AND REQUEST FOR ALLOWABLE (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)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	jr, etc.)			
		Tubing Pressure	Casing Fr. ur	Chok.			
	Length of Test	Inding Pleased	& LOLIV	- CONTRACTOR OF THE PARTY OF TH			
	Actual Prod. During Test	Oil-Bbls.	May 1 - Bblo. 10 1972	Gas-MCF. 1972			
			AUD - CIM				
	CAC WELL		OIL COM. COM.	To do the Color			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condens D SMCF	Gravity of Condendate 3			
	6740	Tubing Press (Bhuk-in)	Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.)			3/4			
VI	. CERTIFICATE OF COMPLIAN	Prod through Casing	11	ATION COMMISSION			
٠.				UG 1 0 1972			
	I hereby certify that the rules and	hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given because the fleet of my knowledge and belief.		BY Signal Signal by Emery C. Arnold			
	Commission have been complied with and that the showledge and belief, above is true and complete to the best of my knowledge and belief.		BYSUPERVISOR DIST. #3				
			TITLE	TITLE This form is to be filed in compliance with RULE 1104.			
	402-V						
	J.U. Jun	well, this form must be accordance with RULE 111.					
	Sr. Production		All positions of this form must be filled out completely to				
(Title) able on new an			able on new and recomplated	w and recomplated works.			
	7/31/72	Date	Fill out only Sections I. II. III, and VI for change of condition, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply				
	(L	Date)	Separate Forms C-104 mi completed wells.	int pe iried for each boo. W warners			
			Il completed werra.				

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