

DISTRIBUTION		
STATE	1	
FILE	1	
DATE		
LOCAL OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR	2	
PRORATOR OFFICE		

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

Form C-104
Supersedes Old C-101 and C-111
Effective 1-1-65

Operator Tenneco Oil Company	
Address Suite 1200 Lincoln Tower Bldg. Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	Other (Please explain) Designation of Transporter
New Well <input type="checkbox"/>	on casing head gas for injection into
Recompletion <input type="checkbox"/>	"A" Zone - Lone Pine Dakota "D" field.
Change in Ownership <input type="checkbox"/>	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

14-20-0603-9895				
Lease Name YAZZIE	Well No. 2	Pool Name, including Formation Lone Pine Dakota "D"	Kind of Lease State, Federal or Fee Ind.	Lease No.
Location				
Unit Letter H	1700	Feet From The North	Line and 900	Feet From The East
Line of Section 18	Township 17	Range 8	NMPM, McKinley	County

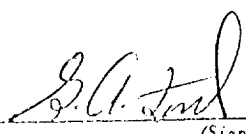
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 D	Sec. 18	Twp. 17	Rge. 8
	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:

V. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, CR, 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			

V. 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

VI. 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.		DEC 9 1971	
 (Signature)		APPROVED _____	
Sr. Production Clerk (Title)		BY Original Signed by Emory C. ...	
12/5/71 (Date)		TITLE SUPERVISOR 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 completion.	
		Separate Form C-104 must be filed for each pool in which completed wells.	