

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes C-104 (Rev. 1-1-65)
Effective 1-1-65

FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 2 GAS
OPERATOR	1
PRORATION OFFICE	

A

I. Operator
 Operator: Tenneco Oil Company
 Address: 1200 Lincoln Tower Bldg., Denver, Colorado 80203
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
Dual Transporters
Effective 4-1-74

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lone Pine Dakota 5 Unit</u>	Well No. <u>16</u>	Pool Name, including Formation <u>Lone Pine Dakota 5</u>	Kind of Lease State, Federal or Fee <u>Indian</u>	Lease No.
Location Unit Letter <u>H</u> : <u>1700</u> Feet From The <u>North</u> Line and <u>900</u> Feet From The <u>East</u>				
Line of Section <u>18</u> Township <u>17</u> Range <u>8</u> , NMPM, <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Inland Corp.</u> <u>Shell Pipe Line</u>	Address (Give address to which approved copy of this form is to be sent) <u>5101 E Main Farmington, New Mexico</u> <u>1215 Lake Farmington New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>13</u> Twp. <u>17</u> Rge. <u>9</u>
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

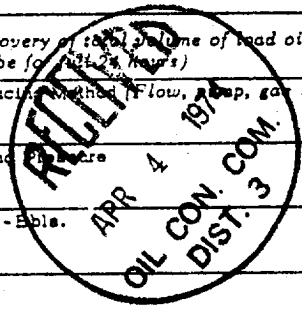
IV. COMPLETION DATA

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			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of tank volume of lead oil and must be equal to or exceed top allowable for this depth or be for 24 hours)

Date First New Oil Run To Tanks	Date of Test	Product (Whether 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

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.

Carley Watkins
 (Signature)
Sr. Prod. Clerk
 (Title)
4/1/74
 (Date)

OIL CONSERVATION COMMISSION
 APR 4 1974

APPROVED _____, 19____
 BY Original Signed by A. R. Kendrick
 TITLE PETROLEUM ENGINEER DIST. NO. 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 multiple completed wells.