

DISTRIBUTION			
SANTA FE		1	
FILE		1	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR			2
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
ANDForm C-104
Supersedes Old C-104 and C-113
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/>	Change in Transporter of: <input type="checkbox"/>	Resignation of Transporter	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	on casing head gas for injection into	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	"A" Zone - Lone Pine Dakota "D" field.	
	Dry Gas <input type="checkbox"/>	Effective 10/15/71	
	Condensate <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

30-031-20193

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
SFP - RR	11	Lone Pine Dakota "D" <i>Est</i>	State, Federal or Fee Fee	
Location				
Unit Letter	P	330	Feet From The South <i>South</i> Line and	660
Line of Section		7	Township	17
Range		88	NMPM,	McKinley
			County	

III. 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.	Twp.
	P	7	17
			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 Res'tv.	Diff. Res'tv.
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 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

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.

SA Arnold
(Signature)
Sr. Production Clerk
(Title)
12/6/71
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 9 1971, 19____
BY Original Signed by Emery C. Arnold
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 allow-
able 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.