

SANTA FE		1		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
FILE		1		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
U.S.G.S.				AND		Effective 1-1-65	
LAND OFFICE				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER		OIL	1				
		GAS	1				
OPERATOR		4					
PRORATION OFFICE							

Operator Tenneco Oil Company

Address Suite 1200 Lincoln Tower Bldg - Denver, Colo. 80203

Reason(s) for filing (Check proper box)

New Well ☐ Change In Transporter of: ☐ Other (Please explain) Change of Well Name & Number

Recompletion ☐ Oil ☐ Dry Gas ☐ from 85FP RR #11

Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐ Effective 4/1/72

If change of ownership give name and address of previous owner \_\_\_\_\_

#### DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Lone Pine Dakota Unit</u>	<u>7</u>	<u>Lone Pine Dakota</u>	<u>State, Federal or Fee</u>	<u>Fee</u>
Location				
Unit Letter	<u>P</u>	<u>330</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>		
Line of Section	<u>7</u>	Township <u>17</u> Range <u>8</u> , NMPM, <u>McKuskey</u> County		

#### DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipe Line Corp.</u>	<u>805 W. Municipal Dr. Farmington, NM</u>
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)
<u>Tenneco Oil Co.</u>	<u>Suite 1200 Lincoln Tower, Denver, Colo.</u>
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>17</u> Twp. <u>8</u> Ege. <u>8</u> Is gas actually connected? <u>Yes</u> When <u>10-15-71</u>

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

#### 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

#### 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.

G.A. Ford (Signature)  
Prod. Clerk (Title)  
3/30/72 (Date)

#### OIL CONSERVATION COMMISSION

APPROVED MAR 31 1972, 19\_\_\_\_  
BY Original Signed by Emory C. Arnold  
TITLE SUPERVISOR DIST. #8

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.