

SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OL 2
GAS	
OPERATOR	1
PRORATION OFFICE	

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

Form C-104
Supersedes C-104 and
Effective 1-1-63
A

I. Operator
Address Tenneco Oil Company
1200 Lincoln Tower Bldg, Denver, Colorado 80203
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain) 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 Lone Pine Dakota Unit 28 Well No. 28 Pool Name, Including Formation Lone Pine Dakota D Kind of Lease Fee Lease No. _____
Location C Unit Letter C : 330 Feet From The North Line and 2150 Feet From The West Line of Section 24 Township 17 Range 9 , NMPM, McKinley Count _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) Inland Corp.
Shell Pipe Line 5101 E Main Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) 1215 Lake Farmington New Mexico
If well produces oil or liquids, give location of tanks. Unit J Sec. 13 Twp. 17 Rge. 9 Is gas actually connected? _____ When _____

IV. COMPLETION DATA
Designate Type of Completion - (X) _____ Oil Well _____ Gas Well _____ New Well _____ Workover _____ Deepen _____ Plug Back _____ Same Res'v. _____ Diff. Res _____
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 lead 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 4 1974 Choke Size _____
Actual Prod. During Test _____ Oil-Bbls. _____ Water-Bbls. _____ Gas-MCF _____
OIL CON. COM. DIST. 3

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
APPROVED APR 4 1974, 19 _____
BY Original Signed by A. R. Kendrick
PETROLEUM ENGINEER DIST. NO. 3
TITLE _____
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 allowance 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

30-031-20202

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Long Pine Dakota D
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 1200 Lincoln Tower Bldg., Denver, Colorado 80203	9. WELL NO. 28
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FNL / 2150 FWL	10. FIELD AND POOL, OR WILDCAT Long Pine Dakota D
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA SEC. 24 T. 17 N. R. 9 W
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 7028 GR	12. COUNTY OR PARISH 13. STATE McKinley N.M.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) **Shut-In**

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

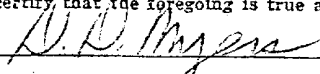
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

STATUS OF WELL: **SHUT-IN**APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED: **4/73**REASON FOR TEMP ABAND: **WATERED OUT**FUTURE PLANS FOR WELL: **WILL P & A WHEN UNIT TERMINATED**

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING:

18. I hereby certify that the foregoing is true and correct

SIGNED



TITLE

Division Production Manager

DATE

December 13, 1974

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side