

NO. OF COPIES RECEIVED	8
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	4
PRORATION OFFICE	

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <u>Tenneco Oil Company</u>	
Address <u>Suite 1200 Lincoln Tower Bldg. - Denver, Colo. 80203</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<u>Change of Well Name &amp; Number</u> <u>from Kago 50 #2</u> <u>Effective 4/1/72</u>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE <sup>187</sup>		Noo-C-14-20-2666	
Lease Name <u>Lone Pine Dakota <del>Unit</del></u>	Well No. <u>D</u>	Pool Name, including Formation <u>Lone Pine Dakota D</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Location Unit Letter <u>I</u> ; <u>2970</u> Feet From The <u>North</u> Line and <u>890</u> Feet From The <u>East</u>		Lease No.	
Line of Section <u>18</u>	Township <u>17</u>	Range <u>8</u>	County <u>McKinley</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Shell Pipe Line Corp.</u>	<u>805 W. Municipal Dr. - Farmington, NM</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>Tenneco Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Suite 1200 Lincoln Tower - Denver, Colo.</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>18</u> Twp. <u>17</u> Rge. <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
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		Bbls. Condensate/MCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			

I. 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.

GA. Long  
(Signature)  
Prod. Clerk  
(Title)  
3/30/72  
(Date)

OIL CONSERVATION COMMISSION	
APPROVED <u>MAR 31 1972</u> , 19____	
BY <u>Original Signed by Emery C. Arnold</u>	
TITLE <u>SUPERVISOR DIST #3</u>	
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.	