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| LAND OFFICE            |     |   |
| TRANSPORTER            | OIL | 2 |
|                        | GAS | 1 |
| OPERATOR               |     | 1 |
| 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  
Effective 1-1-65

Operator

Tenneco Oil Company

Address

1200 Lincoln Tower Bldg., Denver, Colorado 80203

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☒

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Change  
Add Liquid Transporter

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                         |             |                                |                               |                    |
|-------------------------|-------------|--------------------------------|-------------------------------|--------------------|
| Lease Name              | Well No.    | Pool Name, Including Formation | Kind of Lease                 | Lease No.          |
| Lone Pine Dakota D Unit | #18         | Lone Pine Dakota               | State, Federal or Fee Federal |                    |
| Location                |             |                                |                               |                    |
| Unit Letter I           | 2970        | Feet From The North            | Line and 890                  | Feet From The East |
| Line of Section 18      | Township 17 | Range 8                        | 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)            |
| Merit Oil Company<br>Shell Pipe Line  | 152 Petroleum Center Bldg., Farmington, N.M.<br>1215 S. Lake Ave., Farmington, N.M. |
| 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,<br>give location of tanks.   | Unit Sec. Twp. Rge. 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. |
| 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 oil and must be equal to or exceed top all  
able for this depth or be for full 24 hours)

|                                 |                 |   |
|---------------------------------|-----------------|---|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (57, 58, 59, 60, 61, 62, etc.) |
| Length of Test                  | Tubing Pressure | Casing Pressure Choke Size                      |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls. MCF                               |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, 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.

William T. Jones  
W. T. Jones (Signature)

Agent

May 18, 1976

(Date)

OIL CONSERVATION COMMISSION

MAY 19 1976

APPROVED \_\_\_\_\_, 19\_\_

BY Original Signed by A. R. Kendrick

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 deepen  
well, this form must be accompanied by a tabulation of the deviat  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for att  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of conditio

Separate Forms C-104 must be filed for each pool in multip  
completed wells.