NO. OF COPIES RECE		ı	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			L_
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	
IRANSPORTER	GAS	<u> </u>	<u> </u>
OPERATOR			
DECEMBER OF FICE			I

III.

DISTRIBUTION			NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
SANTA FE		REQUEST FOR ALLOWABLE		Effective 1-1-65
FILE			AND ISPORT OIL AND NATURAL G	AS
U.S.G.S.		AUTHORIZATION TO TRAN		
LAND OFFICE	-+		- M. Jul.	
TRANSPORTER GAS			3.6. whit 12-11	
	-+		, ,	
OPERATOR				
I. PRORATION OFFICE				
Tenneco Oil Com	pany			
Address	<u> </u>			
P.O. Box 3249,	Englew	ood, CO 80155		
Reason(s) for filing (Check pi	oper box)		Other (Please explain)	
New Well		Change in Transporter of:		<u> </u>
Recompletion		Oil M Dry Gas		1.00 \$10001
Change in Ownership		Casinghead Gas Condens	are Di Lease Manie	full Frague
				(*
If change of ownership give	name			
and address of previous ow	.,			
II. DESCRIPTION OF WEL	L AND L	EASE	Kind of Lease	Lease No.
Lease Name		Well No. Pool Name, including . Se	State Endord	F
outh Hospah Unit		65 South Hospah Up	per Sand State, Federal	State 081208
Location				
16	. 1418	Feet From The North Line	and 2769 Feet From 1	rhe <u>East</u>
Unit Letter	·			G
Line of Section 12	Tow	nship 17N Range 9	W , NMPM, McKinl	ey County
II. DESIGNATION OF TRA	NSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approx	ved copy of this form is to be sent)
Name of Authorized Transpor	ter of Oil	or Condensate	P.O. Box 1887, Bloomfi	
Ciniza Pipeline	<u> </u>		Address (Give address to which approx	ved copy of this form is to be sent)
Name of Authorized Transpo	ter of Cas	inghead Gas or Dry Gas	Address (Wive address to District Spring	
None			Is gas actually connected? Who	en
If well produces oil or liquid	4,	Unit Sec. Twp. Pge.	Yes	2/5/82
give location of tanks.		C 12 17N 9W		2, 3, 62
Makin meduction is commi	ngled wit	h that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA			New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
			New Meit Morreser Seeben	
Designate Type of C	ompietio		<u> </u>	P.B.T.D.
Date Spudded		Date Compl. Ready to Prod.	Total Depth	1667' KB
8/22/80		2/5/82	1715 KB Top Cil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, C	R, etc.,	Name of Producing Formation	1 '	1595'KB
7002 GR.		Upper Hospah	1554' KB	Depth Casing Shoe
Perforations		3500 031vp		
1554-62' KB, 1	565-68	'KB, 1582-93'KB	CEMENTING RECORD	
			DEPTH SET	SACKS CEMENT
HOLE SIZE		CASING & TUBING SIZE	BEFTA 3E.	
Refer to C-104	dat e d	11/4/80		
			1	to a la conclus as areaed top allows
V. TEST DATA AND REQ	UEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load off pth or be for full 24 hours)	and must be equal to or exceed top allow-
OIL WELL		Date of Test	Producing Method (Flow, pump, gas I	ift, etc.)
Date First New Oil Run To	Tanks	1		
2/9/82		2/5/82 Tubing Pressure	Pump Casing Pressure	Choke Size
Length of Test		Laping blessme	0	
24 hr.		-	Water-Bbis.	Gas - MCF
Actual Prod. During Test		Ott-Bbis.	143	None
		3		
GAS WELL		Length of Test	Bbls. Condensate/MMCF	Grayity of Condensate
Actual Prod. Test-MCF/D		Length of 1est		AUC 1 6 1982
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Coke 514 2011 COM
Testing Method (pitot, back	pr./	I mornd Liessma (Sunc. TH)		I VOIL COM. COM.
			OU CONSERV	ATION CONDISTING
VI. CERTIFICATE OF CO	MPLIAN	CE	OIL CONSERV	ATIONEDIST
			ACC	ATION COMPISSION
I hereby certify that the	rules and	regulations of the Oil Conservation	APPROVED	gree de la companya d
Commission have been	omplied	with and that the information given a best of my knowledge and belief.	BY	
Commission have been complied with and that the best of my knowledge and belief. BY			Service of the servic	
			TITLE	
^ -		~	This form is to be filed in	compliance with RULE 1104.
Denis	1)10 x00		A A . A
NVENIS		- dural	well, this form must be accomp	penied by a tabulation of the deviation

Denis	(Signature)	
	(Signature)	
Production Ana	lyst	
	(Title)	
July 30, 1982		

(Date)

tests taken on the well in accordance with RULE t

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