NO. OF COPIES REC	4		
DISTRIBUTIO			
SANTA FE	/		
FILE	1	L	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR	1		
PRORATION OF			
Operator			

12/13/73

(Date)

	SANTA FE		REQUEST FOR ALLOWABLE				Form C-104 Supersedes	Old C-104 and C-110	
	FILE			AND	LOWABLE	Elfective 1-			
	U.S.G.S.	AND						CAS	
	LAND OFFICE								
	OIL	1-1							
- 1	TRANSPORTER GAS	1,1							
	OPERATOR	1-7-1-							
	PRORATION OFFICE	1 - 1 -							
•	Operator								
	Tenneco Oil Company								
	Address								
	Suite 1200 L	incol	n Tower Bld	g. Denver, Co	lorado	80203			
	Reason(s) for filing (Check	proper be	×)	81.j/\\		Other (Please	explain)	<u> </u>	
	New Well			Transporter of:					
1	Recompletion		011	Dry Ga	s X	Effecti	lve Janu	ary 1, 1974	
۱ ۱	Change in Ownership		Casinghea	d Gas Conden	sate 🔙				ĺ
	If change of ownership giv								
	and address of previous or	wner							
11.	DESCRIPTION OF WEL	LL ANI	LEASE					Jicarilla Co	ont. 110
•	Lease Name Well No. Pool Name, Including Form			ormation				Lease No.	
	Jicarilla '	"A"	7	Basin Dakots	9.		State, Federa	or Fee Indian	
	Location								
	lintt Letter L	יר .	595 Feet From	n The South Lin	e and	900	Feet From	The West	
	Unit Letter	_ ^					-		
	Line of Section 17	т	ownship 26N	Range	5W	, имрм,	Rio	Arriba	County
1	<u></u>								
111.	DESIGNATION OF TRA	ANSPO	RTER OF OIL	AND NATURAL GA	S				
	Name of Authorized Transpo	orter of C	011 or Co	ondensate 🔲	Address	(Give address to	which appro	oved copy of this form	is to be sent)
	1								
	Name of Authorized Transpo	orter of C	Casinghead Gas	or Dry Gas 🏋	Address	(Give address to	which appro	oved copy of this form	is to be sent)
	Northwest Pin	neline	Cornoratio	າກ	501 A	irport Dri	ve. Far	mington, New M	Mexico 87401
		-	Unit Sec.			ctually connecte		nen	
	If well produces oil or liquid give location of tanks.	as,	т. 1	7 26 5			t ,		
	<u></u>				aive com	mingling order	number:		1
	If this production is comm	ingled v	vith that from an	y other lease or poor,	Sive com	minging order		 	
1 V .	COMPLETION DATA			il Well Gas Well	New Wel	Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.
	Designate Type of (Complet	ion - (X)		į	į	1		!
	Date Spudded		Date Compl. R	eady to Prod.	Total De	pth		P.B.T.D.	
	,		ļ						
	Elevations (DF, RKB, RT,	GR, etc.	Name of Produ	cing Formation	Top Oil,	/Gas Pay		Tubing Depth	
	Perforations				De			Depth Casing Shoe	
			T	UBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE		CASING	& TUBING SIZE		DEPTH SE	T	SACKS	EMENT
									
v	TEST DATA AND REC	UEST	FOR ALLOWA	BLE (Test must be a	fter recov	ery of total volu	ne of load of	l and must be equal to	or exceed top allow-
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL ONE COLUMN TO Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)								
	Date First New Oil Run To	Tank :	Date of Test		Producti	ng Method (Flow	, pump, gas i	(1)1, e(c.)	week Marie and M
					1			Carlin W	-
	Length of Test		Tubing Pressu	ite	Casing	Pressure		KULLI	
					ļ <u>.</u>			Gas-MCF	
	Actual Prod. During Test		Oil-Bble.		Water - E	ble.		DEC 171	973
					1			DEC -	
								OIL CON. C	OM.
	GAS WELL			Bbls. Condensate/MMCF		Gracity Michael	and a second		
	Actual Prod. Test-MCF/D		Length of Tes	t	Bhis. C	ondensate/MMCI		Greatly belookdon	SOFT.
								0) -) - 0(
	Testing Method (pitot, back	k pr.)	Tubing Pressu	re(shut-in)	Casing	Pressure (Shut-	-10)	Choke Size	
					 				
VI.	CERTIFICATE OF CO	MPLIA	NCE			OIL		ATION COMMISS	SION
	I hereby certify that the rules and regulations of the Oil Conservation					FEB 7 1974 BY_Original Signed by A. R. Kendrick BY_Original Signed by A. R. Kendrick			
						Original Signed by A. R. Aenar			
	above is true and complete to the best of my knowledge and belief.				PARCINGA MULLIPE DESTUDO, 3				
				TITL		الأار المتحديد	and make property of the same	rice of the	
	$\left(\begin{array}{c} 1 \\ 1 \end{array} \right)$				This form is to be filed in compliance with RULE 1104.				
	- 1, Jann	James Wille				well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
		tests taken on the well in acc							1111
	Production C	Ction Clerk (Title)				All sections of	this form m	nust be filled out conveils.	mpletely for allow-

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