

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

Operator

Tenneco Oil Company

Address

1860 Lincoln St., Suite 1200, 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)

Gas Contract Finalized

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Hanson

Well No.

1

Pool Name, Including Formation

Basin Dakota

Kind of Lease

State, Federal or Fee

Federal

Lease No.

*

Location

Unit Letter

B

:

950

Feet From The

North

Line and

1800

Feet From The

East

Line of Section

6

Township

25N

Range

10W

, NMPM,

San Juan

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Caribou Four Corners

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 175, Kirtland, N. M. 87417

Name of Authorized Transporter of Casinghead Gas

Gas Company of New Mexico

Address (Give address to which approved copy of this form is to be sent)

Box 750, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.

Unit

B

Sec.

6

Twp.

25N

Rge.

10W

Is gas actually connected?

No

When

Hear future

IV. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

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

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

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.

Division Production Manager

(Signature)

(Title)

8-19-76

(Date)

OIL CONSERVATION COMMISSION

AUG 20 1976

APPROVED

BY

Original Signed by A. R. Kendrick

TITLE

ANALYST

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 deviate 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 multiple completed wells.