

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
DISTRIBUTION		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
SANTA FE		AND		Effective 1-1-65	
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
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)				Other (Please explain)	
New Well <input type="checkbox"/>				Change In Transporter of:	
Recompletion <input type="checkbox"/>				Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>				Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
				Gas contract finalized	

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

DESCRIPTION OF WELL AND LEASE					
Lease Name Canyon		Well No. 11	Pool Name, Including Formation Basin Dakota		Kind of Lease State, Federal or Fee Federal
Lease No. NM 8405					
Location					
Unit Letter G ; 2300 Feet From The North Line and 1850 Feet From The East					
Line of Section 11 Township 25N Range 11W , NMPM, San Juan County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Thriftway, Inc.			P. O. Box 1367, Farmington, N. M. 87401		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Gas Company of New Mexico			Box 750, Farmington, New Mexico 87401		
If well produces oil or liquids, give location of tanks.		Unit G	Sec. 11	Twp. 25N	Pge. 11W
		Is gas actually connected?		When	
		No		Near Future	

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	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							

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.)		Choke Size	
Length of Test		Tubing Pressure		Casing Pressure		Gas-MCF	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.		DIST. S	

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			

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 1976	
BY _____		TITLE _____	
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.			