

Operator Tenneco Oil Company	
Address 1360 Lincoln St. Suite 1200, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> Inadvertantly had listed purchaser instead of transporter.

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

*Cont. 14-20-603-1433

Lease Name Canyon	Well No. 7	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. *
Location				
Unit Letter 0 : 790 Feet From The South Line and 1450 Feet From The East				
Line of Section 15	Township 25N	Range 11W	, NMPM, San Juan County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					P.O. Box 1528, Farmington, N.M. 87401	
Inland Corp.						
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)	
El Paso Natural Gas Company					Box 990, 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, N.M. 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	15	25N	11W	Yes	January, 1976

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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.)
Length of Test	Tubing Pressure	Coating Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

RECEIVED

JAN 26 1977

OIL CON. COM.

DIST. 3

GAS WELL

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

(Signature)
DIVISION PRODUCTION MANAGER

(Title)

1-22-77
(Date)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 26 1957, 1957

BY Original Signed by A. R. Kendrick

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 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 walls.

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 Form C-104 must be filed for each pool in multiply