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	SANTA FE	-	CONSERVATION COMMISSION	Form C-104	
	FILE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11: Effective 1-1-65	
	u.s.g.s.		AND		
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS	
	OIL /	4	•	A REPORT OF THE PARTY OF THE PA	
	OPERATOR 1				
				Ash a Superior	
	PROPATION OFFICE			14 9 (Sa)	
•	Operator			CON	
	Tenneco Oil Company			CIST COM	
	Address				
	P. O. Box 1714, Durango, Colorado 81301				
	Reason(s) for filing (Check proper box)  Other (Please explain)				
	New Well Change in Transporter of: Effective first delivery			dalivary	
	Recompletion	Oil Dry Go		delivery	
	Change in Ownership	Casinghead Gas Conde	nsate		
				·	
	If change of ownership give name				
	and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE					
	Lease Name	Lease No. Well No. Pool Na	me, Including Formation	Kind of Lease	
	Graham Com.	1 Ba	sin Dakota	State, Federal or Fee Fed.	
	Location				
Unit Letter A : 870 Feet From The North Line and 790 Feet From The East				he Base	
	omi Letter	Total Time Time Time Time Time Time Time Time		Last	
Line of Section 9 Township 27N Range 8W, , NMPM, San Juan County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)	
	Rock Island Oil a	and Refining	P. O. Box 328, Farming	on. New Mexico	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		P. O. Box 328, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas Company		P. O. Box 990, Farmington, New Mexico		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
	give location of tanks.	A 9 27N 8W	No ! (	n Approval	
	If this production is commissed with		give commingling order number:		
	COMPLETION DATA	in that from any other rease or poor,	give comming once includes		
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res					
	Designate Type of Completion	$\mathbf{x} = \mathbf{x}$	x		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	12/13/66	1/23/67	6820	6783	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	6036 Gr.	Dakota	6776	6752	
	Perforations			Depth Casing Shoe	
	6776-6630			6819	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	15	10-3/4	247	200 sx	
	12-1/4	7-5/8	2356	200 sx	
	7-7/8	4-1/2	6819	95 sx 1st stage	
			<u></u>	175 sx 2nd stage	
V. 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 allo					
OII. WELL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	, etc./	
				Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Sixe	
			Weter Bhi	Gas - MCF	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		
			<u> </u>		
	GAS WELL	I	Phile Condesser Career	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	2894	3 hours		Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	-	
	Back Pr.	210	589	3/4	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION	
			APPROVED APR 1 9 1967		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is triff and complete to the best of my knowledge and belief.  G. A. Fordnarwe)  Senior Production Clerk  (Title)  Tenneco Oil Company		APPROVED APR 18 1867  By Original Signed by A. R. Kendrick  TITLE POTECOME AND ASSET NO. 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 wells.  Fill out only Sections I, II, III, and VI for changes of owner,		
	April 14, (1)		well name or number, or transporter, or other such change or condition.		
			Separate Forms C-104 must	be filed for each pool in multiply.	
			completed wells.		