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NU. 07 4117119 NICEIVED				T
DISTRIBUTION			_	
SANTA LE			I	
FILE			Ī	
U.S.G.S.			_	
LAND OFFICE				
TRANSPORTER	OIL.	1		
	GAS			
OPERATOR			1	
5555471644654464				

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	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST (ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
1.	TRANSPORTER OIL I GAS OPERATOR I PRORATION OFFICE Operator		· · · · · · · · · · · · · · · · · · ·	
		n Tower Bldg Denver, (
	Reason(s) for filing (Check proper box) New We!! Flecompletion Change in Ownership	Change In Transporter of: OII Dry Gas Castnghead Gas Condens	condensate only.	ized transporter of
	If change of ownership give name and address of previous owner			
н.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.
•	Dawson A	1 Blance Me	Saverde State, Federal	or Fee
	1	2711	e and 1450 Feet From T	
		mship // Range	SW NMPM, SQU	SUAN - County
H.	Name of Authorized Transporter of Oil	OF Condensate XX	Address (Give address to which approve	
	Plateau, Inc. Name of Authorized Transporter of Cas		P. O. Box 108 - Faring Address (Give address to which approv	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? When	n
	COMPLETION DATA	h that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Resty, Diff. Hesty
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth • •	P.B.T.D
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top O!1/Gas Pay	Tubing Depth
	Perforations		<u></u>	Death Casing Shoe
		· · · · · · · · · · · · · · · · · · ·	CEMENTING RECORD	DIST. 3
	HOLE SIZE	CASING & TUBING SIZE	. DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this de	 fter recovery of total volume of load oil o pth or be for full 24 hours	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, e:c.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gos-MOF
	GAS WELL	`		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Mothed (pitot, back pr.)	Tubing Prosoure (Shub-in)	Casing Pressure (Shub-in)	Choxe Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
	Commission have been committed to	regulations of the Oil Conservation with and that the information given a best of my knowledge and belief.	By Original Signed by	
	•			SUPERVISOR DIST. #3
	612	_1/	This form is to be filed in	compliance with RULE 1104.

D. U. J. (Signature) G. A. Ford Sr. Production Clark
(Tale)

If this is a request for allowable for a newly drilled or despected well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All acctions of this form must be filled out completely for allowable on new and recompleted wells.

7			,
DISTRIBUTION			
SANTA FE			
FILC		7	7
U.S.G.5.			
LAND OFFICE			
TRANSPORTER	OIL	1	
THE TAX OF THE TAX	GAS	,	
OPERATOR		1	
PRORATION OF			
Operator			

	40. 01 CHP113 ALCERTED : 4							- 1	
	SANTA FE	NEW MEXICO REC			HON COMM	11551011	Suj		C-101 and C-110
	FILE			AND				ective 1-1-65	
	LAND OFFICE	AUTHORIZATION T	O TRAN	ISPORT	OIL AND I	NATURAL G	۸S		
	THANSPORTER OIL 1				•				
	GAS								•
	OPERATOR /								
₹.	PRORATION OFFICE Operator				· · · · · · · · · · · · · · · · · · ·				·
	Tenneco 0i1	Company							1
	Address	Ocupany							
		n Tower Bldg Den	ver, C	Colorad	0 80203				
	Reoson(s) for filing (Check proper box)		•		Other (Pleas				
	New Well	Change in Transporter of:	•			of author		ansporte	r.of
	Recompletion Change in Ownership	Oil Casinghead Gas	Dry Gas Condens	= 1		ate only. tive 3/13			
					EITEC		770		
	If change of ownership give name and address of previous owner					·•			
		*				•	•		
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Inc	luding For	mation		Kind of Lease			Lease No.
	Daw son A	1 Bass		Dako	to	State, Federal	or Fee	•	
. •	Location						•		
	Unit Letter / ; 7	70 Feet From The S	Line	and	450	Feet From T	he <u>U</u>	<u></u>	
				9 141		47		uzn	_
	Line of Section 4 Tow	mship 27 N Ro	inge 6	0 14	, NMPI	1, 000°	7 9	USY	County
(T	DESIGNATION OF TRANSPORT	PER OF OU. AND NATH	RAT. GAS						
11.	Name of Authorized Transporter of Oil		IMD ONE		ive address	to which approv	ed copy of t	his form is to	be sent)
	Plateau, Inc.			P	0. Box_1	08 Faria	insten.	New Mex	ico
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas		Address (live address	to which approx	ed copy of t	his form is to	be sent)
		Unit Sec. Twp.	Rge.	le age got	ually connect	ted? Whe	'n	· · · · · · · · · · · · · · · · · · ·	
	If well produces oil or liquids, give location of tanks.	onit see. Twp.	r.ge.	. gas act		1	••		
	If this production is commingled wit	h that from any other lesse.	or pool s	rive comm	ingling orde	r number:			
	COMPLETION DATA								
	Designate Type of Completic		s Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.		Total Dep	th e .		P.B.T.D.		
	Dute spusses	Date compilational to recur				•			710
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	··	Top Oil/G	as Pay		Tubing De	PIN T	7
								1 8 44 41 2-3	V Am !
	Perforations						Depth Cas	MAR 20	1970
		**************************************	110 4110	CEUENIC	NIC DECO	D. C.			
	HOLE SIZE	CASING & TUBING S		CEMENTING RECORD DEPTH SET				OIL CON. COM	
	House of the			<u>-</u>			DIST. 3		
	A								
•.		07) 47 7 077 4 77 77 477					-l		
٧.	TEST DATA AND REQUEST FOIL WELL	able f	or this dej	och or be fo	r full 24 hou	·s)		equal to or e	resed top allow-
	Date First New Oil Run To Tanks	Date of Test		Producing	Method (Flo	w, pump, gas li	ft, etc.)		
		Contract Con		Casing Pa			Choke St		
	Length of Test	Tubing Pressure		Casing Pi	035470		Chore s.	. 0	
	Actual Prod. During Test	O(1 - Bb!s.		Wate: - Bb	15.		Gas-MCF		
	Actual Front Saming 1001		•			•			
		\							•
	GAS WELL								
	Actual Prod. Test-MOF/D	Length of Test		Bbls. Cor	dena⊂te∕\\\\	CF	Gravity o	! Condensate	
	Testing Mothed (pitot, back pr.)	Tubing Pressure (Shub-in)		Casina P	essure (Shu	2-in)	Choke Si	: 6	
					. ,	•			
VI.	CERTIFICATE OF COMPLIAN	CE			OIL	CONSERVA	TION C	OMMISSION	٧
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.							MAR 2 0 1		
			Li	OVED				19	
			BY_	Original (Signed by	Emery	C. Arnok	1	
						ar intra iii	OR DIST.	#3	
			TITLE SUPERVISOR DIST. #5						
	Signature) C. A. Ford			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despendently well, this form must be accompanied by a tabulation of the deviation					
(Signature) G. A. Ford				tests taken on the well in experience with RULE 111.					

Sr. Production Clerk

All sections of this form must be filled out completely for allow-lable on new and recompleted walls.