	DISTRIBUTION SANTA FE 1 REQUEST FOR ALLOWABLE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS TRANSPORTER OIL 1		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
1.	OPERATOR # PROPATION OFFICE Operator			
	Tenneco Oil Company Address Suite 1200 Lincoln Tower Bldg., Denver, Colorado 80203			
•	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conden	Other (Please explain)	80203
	If change of ownership give name and address of previous owner			
Ħ.	DESCRIPTION OF WELL AND Lease Name Gallagos Location	LEASE Well No. Pool Name, Including F 1 Basin Dakot		ease Lease No. deral or Fee Indian
	Unit Letter G : 17	85 Feet From The North Lin	ne and 1850 Feet Fi	om The <u>East</u>
	Line of Section 29 To	wnship 26N Range	11W , NMPM, Sa	n Juan County
III.	Inland Trucking Corp.		Address (Give address to which approved copy of this form is to be sent) 5101 East Main, Farmington, New Mexico 87401	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? yes	When 11-7-73
IV.	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	Designate Type of Completion	on - (X) 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 Oll/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			Depth Casing Shoe
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				1975
				AUG COM.
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be squal 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, ga	s lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
1	GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	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		APPROVED AUG 4 1975	
	above is true and complete to the best of my knowledge and belief.		By Original Signed by A. R. Kendrick	
			TITLE PETROLEUM ENGINEER DIST. NO. 3 This form is to be filed in compliance with RULE 1104.	
	Call The R	13-12	vesting to a second for allowable for a pently delited or deepened	

VI.

Production Clerk

(Title) (Date)

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