| | DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS GAS | REQUEST | CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL | Form C-104 Supersedes Old C-104 and C-116 Elfective 1-1-65 GAS |
|-----|--|---------------------------------------|---|--|
| 1. | OPERATOR 7 PRORATION OFFICE Operator TENNECO OIL COMPA | MA | | |
| | Suite 1200 Lin Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership | | Other (Please explain) | 0203 |
| | If change of ownership give name and address of previous owner | | DEC 6 1973 | |
| 11. | DESCRIPTION OF WELL AND LEASE Lease Name | | | |
| | Line of Section 34 | wnship 26 Range | 11 , _{NMPM} , S | an Juan County |
| m. | DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | AS Address (Give address to which appr | oved copy of this form is to be sent) |
| | Thriftway Name of Authorized Transporter of Casinghead Gas or Dry Gas Not dedicated 2011 E. Main Farmington. Address (Give address to which approved copy of this form of dedicated) | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. M 34 26 11 | Is gas actually connected? W | upon dedication |
| | If this production is commingled wi COMPLETION DATA | th that from any other lease or pool, | | |
| - | Designate Type of Completic | 1 | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| | Date Spudded 9/1/73 | Date Compl. Ready to Prod. 10/17/73 | Total Depth 5965 ' | 5946' |
| | Elevations (DF, RKB, RT, GR, etc.) 6268.0 GR | Name of Producing Formation Dakota | Top Oil/Gas Pay | Tubing Depth 5741 |
| | Perforations 5851' - 5868' & 5877'-5879' Depth Casing Shoe | | | |
| | TUBING, CASING, AND CEMENTING RECORD | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | 12-1/4" 7-7/8" | 8-5/8" 5-1/2" | 623' 5965' C | 420 sks. Cl"A" W/2% |
| | 1-1/8 | 5=1/2 | | <pre>'achl. 2 stages: lst.stage : +10% salt, 100sks. C1"A"</pre> |
| | | | Latex | Stg.2: 300 sks. +10% salt |
| 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 all able for this depth or be for full 24 hours) | | | |
| | OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | lift, etc.) |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | Actual Prod. During Test | Oil-Bble. | Water - Bbls. | Gas - MCF |
| | GAS WELL | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate | Gravity of Condensate |
| | 937 Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | 48 Casing Pressure (Shut-in) | Choke Size - |
| | Back Pr. | 1750 | 1850 | |
| | CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION APPROVED | |
| | 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. | | BY Original Signed by A. R. Kendrick | |

Production Clerk

Dec. 3, 1973

(Title)

(Date)

ROLEUM ENGINEER DIST. NO.

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