DISTRIBUTION Form C-104 Supersedes Old C-104 and C-1 ANTA FE ILE J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER 30-045-23746 GAS 1/ OPERATOR PRORATION OFFICE Cirerator Tenneco Oil Company Address 720 S. Colorado Blvd., Denver, CO 80222 Ciner (Please explain) Reason(s) for filing (Check proper box) XChange in Transporter of CIL Dry Gas Recompletion Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE SF-078641-A Tell No.: Pool Name, including Formation Lease No. State, Federal or Fee Federal Delhi Taylor == D. 1-E Basin Dakota Location West eet From The North Feet From The Unit Letter San Juan 26N 11W Range Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | or Congensate | XX | Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87401 Giant Refining Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas er Dry Gas X P.O. Box 990, Farmington, NM 87401 El Paso Natural Gas When Is gas actually connected? If well produces oil or liquids, give location of tanks. · ASAP 3 26N 11W No If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Plug Back | Same Res'v. Diff, Res'v. New Well Deepen Gas Well Workover Designate Type of Completion - (X) χ Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded <u>65</u>35' 1/8/80 6570' 11/11/79 Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 6294' 6293' Basin Dakota 6272 GL Perforguons 6294'-6384' (Dakota) TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 504 8 5/8" 325 sxs 12 1/2" 7 7/8" 4 1/2" 6570' <u>2011 sxs</u> 2 3/8" 62931 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oll Run To Tanks . Date of Test Chore Size Cosino Pressure Tubing Pressure Length of Test Woter - Bols. Actual Prod. During Test Cil-Shis. GAS WELL Length of Test Bbls. Condensate/MMCF Actual Prod. Test-MCF/D O Cheke-Size 3 hrs Tubing Pressure (Shut-in) Cosing Pressure (5hut-in) Testing Method (pitot, back pr.) 3/411. 625 650 back pressure COMMISSION 1980 1980 I. CERTIFICATE OF COMPLIANCE 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. THANKY Y WARES YE LEGISLATED TITLE SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with RULE 1104.

Administrative Supervisor

1/17/80

(Title)

(Date)

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, ell name or number, or transporter, or other such change of condition.

If this is a request for allowable for a newly drilled or deepened

Consers Forms Catha must be filed for each and in multiply