NO. OF COPIES RECEIVED			4		
DISTRIBUTION					
SANTA FE					
FILE			4		
U.S.G.S.					
LAND OFFICE		L			
IRANSPORTER	OIL	L			
TRANSPORTER	GAS				
OPERATOR		1	<u> </u>		
PRORATION OFFICE					

	SANTA FE /	i e	FOR ALLOWABLE FOR ALLOWABLE Form C-104 Supersedes Old C-104 and C-110		
	FILE / L		AND Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE	-			
	TRANSPORTER GAS /	†			
	OPERATOR /				
1.	PRORATION OFFICE				
	Operator				
	Tenneco Oil Company				
		Tower Building, Denver, C	101 amoda 40002		
	Reason(s) for filing (Check proper box)	Other (Flease explain)		
	New Well	Change in Transporter of:	From Permian .)	
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	□ Lffective 9-1-70		
	If change of ownership give name and address of previous owner				
				1	
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.	
	Schwerdtfeger "A"	4 Basin Dakota	i	or Fee Federal	
	Location				
	Unit Letter P; 1/9	Feet From The Douth Line	e and <u>660</u> Feet From T	he East	
	21	wnship 28N Range	8W , _{NMPM} , San Jua	n County	
	Line of Section 31 To	wnship ZON Range C	On , Mar M, Dail o an	,	
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	s		
	Name of Authorized Transporter of Ot	or Condensate	Address (Give address to which approv		
	Caribou Four Corners Name of Authorized Transporter of Ca	strahead Gas Or Dry Gas	P. O. Box 175, Kirtlan Address (Give address to which approv	ed copy of this form is to be sent)	
	Name of Admonized Transporter of Ca	5q.,10.14 0.15			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n	
	give location of tanks.	P 31 28N 8W			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi	on – (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		N	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cay Gus Puy		
	Perforations		L	Depth Casing Shoe	
	TUBING, CASING, AND				
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	527 (1102)		
				i a i i a a a la a a a a a a a a a a a a	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af able for this de	pth or be for full 24 hours)	and must be equal to or exceed top allow-	
	Oll. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
			O-1- December	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	Chora 5.25	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MOF	
		·			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. 1881-MCF/D	Longer			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Ehut-in)	Choke Size	
			<u> </u>		
VI.	CERTIFICATE OF COMPLIAN	ICE	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. Original Signed by A. R. Ker		, 19		
			TITLE PETROLEUM ENGINEER DIST. NO. 3		
	This form is to be filed in compliance with RULE 1104.				
				compliance with RULE 1104.	
	2. 11. Jul	If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation of the deviation of the deviation of the deviation of the staken 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 well name or number, or transporter, or other such change of conditions.			
	• •				
	8-27-70				
		Pate)	well name or number, or transport	t be filed for each pool in multiply	
			Il sebatate Louis C-104 mas	• • • • • • • • • • • • • • • • • • • •	