			_	
NO. OF COPIES RECE	5			
DISTRIBUTIO				
SANTA FE				
FILE			-	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		1		
PRORATION OFFICE				
Operator Tenneco Oil Compan				
Address				
P. O. Bo	x 171	٠4,	Du	
Reason(s) for filing (Check proper bo				
Hew Well	X			
Recompletion				

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL G	·		
	LAND OFFICE	AUTHORIZATION TO TRA	AND THE AND HATCHAL OF			
	TRANSPORTER OIL / GAS /					
	OPERATOR /]				
1.	PRORATION OFFICE Operator					
	Tenneco Oil Company					
	Address					
	P. O. Box 1714, Dur		Other (Diagram)			
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain) Request authoriza	tion to transport		
	Recompletion	Oll Dry Ga		- 1		
	Change in Ownership	Casinghead Gas Conden	nsate			
	If change of ownership give name					
	and address of previous owner					
II.	I. DESCRIPTION OF WELL AND LEASE					
	Lease Name Warren	3	me, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal		
	Location					
	Unit Letter N; 11	90 Feet From The South Lin	ne and <u>1850</u> Feet From Ti	heWest		
	Line of Section 25 Tov	vnship 28 N Range	9 W , NMPM, San	Juan County		
	Line of Section 27 Tov	mantp 2011 Nunge	, Mileton,	Journ, Journ,		
II.	DESIGNATION OF TRANSPORT	or Condensate X	Address (Give address to which approve	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Oil McWood Corporation	or condensate X	P. O. Box 1702, Farmin	1		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	Address (Give address to which approve	ed copy of this form is to be sent)		
	El Paso Natural Gas		P. O. Box 990, Farming			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 25 28N 9W	Is gas actually connected? When	On Approval		
		th that from any other lease or pool,	<u> </u>	on approvac		
IV.	COMPLETION DATA			Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Duck Summers V. Diff. Res V.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	12/1/65	1/7/66	6776	673+		
	Elevations (DF, RKB, RT, GR, etc.) 5873 Gr.	Name of Producing Formation Dakota	Top Oil/Gas Pay 6514	Tubing Depth 6723		
	Perforations	Danoua	3/14	Depth Casing Sho:		
		6514-6726		677:5		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4	8 5/8	244	150 sx		
	7 7/8	4 1/2	6776	380 sx 1st stage		
		2 3/8 tbg.	6723	100 sx 2nd stage 280 sx 3rd stage		
v	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil as			
٠.	OIL WELL	OII. WELL able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Matned (1 tow, pamp, gas so,	ONLTIVED V		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Water - Bbls.	Gas-MCF JIN 2 2 966		
	Actual Prod. During Test	Oil-Bbls.	Water - Bots.	OIL CON. COM.		
<u> </u>	CIST. 3					
	GAS WELL	I and a Company	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D 4925	Length of Test 3 hrs.	Bols. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
	Back Pressure	277	991	3/4"		
VI.	CERTIFICATE OF COMPLIANCE	CE	¥ · = · · · · ·	TION COMMISSION		
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED			
Commission have been complied with and that the information giver above is true and complete to the best of my knowledge and belief		ith and that the information given	By Original Signed by A. R. Kendrick			
	1/ 200	74//	1			
	Starow C/4	Harold C Specholos		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
	(Signo	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
Senior Production Clerk (Tule) June 21, 1966			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,			
		le)				
	June 21, 1900	ite)	well name or number, or transporter, or other such change of co			
	1-		Separate Forms C-104 must be filed for each pool in multiply completed wells.			