		····	u roz allusti. S	-	Japan San	e to low was to
	1	T AUTHORITA CLUS TO T) NATHDES	€11+0100+ (+). .1.38	· ,
	10617				'J A 3	
	TRANSPORTER GAS /					
	A POTAREGO					
1.	PROPATION OFFICE				<u> </u>	
	TENNECO OIL COMP.	VMÄ.				
	Suite 1200 Lincoln Town Pldg Days C. J. J.					
	Suite 1200 Lincoln Tower Bldg., Denver, Colorado 80203 Reason(s) for Ellog (Check proper box)					
	New Well	Change in Transporter of:	Other (Pica 	se explain)		
	Recompletion	Ci! D:/	Cus			
	Change in Ownersh.p	Casinghead Gas Con	densata 🚧 .			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND					
	Lease Name Michener	Well No. Pool Name, Including 2 Basin Dake		Kind of Leas		Lease No
	Location	2 Basin Dako	ota	State, Federa	rior Fee Fed.	
	Unit Letter P 101	5 Feet From The South	ine and 1150	Feet From	The East	
	Line of Section 33 To	waship 28 Range	9 , NMP:			
				M, San	Juan	County
ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL (Address (Gine address	to subject const		
	Inland Corp. Box 1528 Farmington, New Mexico					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to b					o be sent)
	CA)1/6 (3)					
	If well produces oil or liquids, give location of tanks.	Unit: 7ez. Twp. Pge. Pge. P 33 28 9	Is gas actually connec	ted? Wh	en	
١v.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA					
	Designate Type of Completic	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	'v. Diff. Rest
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	•		. Oldr Depth		P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	Perforations	<u> </u>		····	Depth Casing Shoe	
ļ	· · · · · · · · · · · · · · · · · · ·				John Sasing Show	
			ID CEMENTING RECOR	RD.		
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CEM	ENT
					 	
-						
. [TEET DATA AND DECUEST D	OR ALLOWARY TO THE	<u> </u>			
	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 allowable for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	v, pump, gas lif	t, etc.)	
-	Length of Test	Tubing Pressure	Casing Pressure		Cole No.	
					lika.	
ſ	Actual Prod. During Test	Cil-Bbis.	Water-Bhis.	M	Ode-MCF	
l_				14,50	1913	· · · · · · · · · · · · · · · · · · ·
	GAS WELL			00	(7.3 COW.	
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC	- \	Of Oly of Sundensate	
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)		011	DIS	
	resting Method (pitot, back pr.)	I doing Pressure (SME-1A)	Casing Preseure (Shut-	-12)	Chair Size	
1. (CERTIFICATE OF COMPLIANC	E	OILC	ONSERVA	TION COMMISSION)
	hereby cartify that the unless and remulations of the Cit Co.		APPROVED OCT 1 5 1973			
C	hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given		1 161 + 5 1973			
a	ove is true and complete to the best of my knowledge and belief.		By Original Signed by Emery C. Arnold			
			TITLE SUPERVISOR DIST. #3			
	1 / / / / /		This form is to be filed in compliance with RULE 1104.			
_	(Signature)		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			
	Production Clerk		tests taken on the well in accordance with RULE 111.			
_	(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
_	October 12, 1973		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.			
	(Date	e)	11	_	n or other such change be filed for each poo	
			Separate Porma	- 104 must	men tot andt bot	in municipity