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LAND OFFICE		1	
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	

Form C-104

}	SANTA FE /		R ALLOWABLE Supersedes Old C-104 and				
 	FILE /		ND Effective 1-1-65				
ŀ	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS				
t	AND OFFICE						
Ī	IRANSPORTER OIL /						
	GAS /						
	OPERATOR /						
1.	PRORATION OFFICE						
1	TENNECO OIL COMPANY						
}	Address						
		Building, Denver, Colors	ado 80203				
- 1	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Well	Change in Transporter of:		ļ			
,	Recompletion	Oil Dry Gas					
	Change in Ownership Casinghead Gas Condensate						
,							
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.			
		1 Basin Dakota	i cultura Carlanal	or Fee Federal SF078049			
	Hughes A I Basin Dakota Federal (Bro7004)						
	- 17	65 Feet From The S Line	e and 1060 Feet From Ti	neW			
	Unit Letter L; 1.1	Oy_reet rom ruo					
	Line of Section 27 Tow	wnship 29N Range	8W , NMPM, San J	uan County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which approve	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Oil		l .				
	Rock Island Oil and Name of Authorized Transporter of Cas	Refining Company	Post Office Box #328, F Address (Give address to which approve	ed copy of this form is to be sent)			
	l.		Post Office Box #990. Fa				
	El Paso Natural Gas	Unit Sec. Twp. Rge.	Is gas actually connected? When	r Hew Mexico			
	If well produces oil or liquids, give location of tanks.		NO				
		that the form one other leave or pool	·				
11 7	If this production is commingled wind COMPLETION DATA	th that from any other lease or pool,	give comminging order				
17.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	on – (X)	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	10-23-67	11-15-67 Name of Producing Formation	7555 Top Oil/Gas Pay	7515			
	Elevations (DF, RKB, RT, GR, etc.)		1 • • • • • • • • • • • • • • • • • • •	7470			
	6428 GR	Dakota	7499	Depth Casing Shoe			
	Perforations 7499, 7496, 74	193, 7482, 7478, 7462, 74	20-5 8HOP (410-32)	. 7545			
	7406-08, 7377-80 W/	7406-08, 7377-80 w/2 ft 7380-86 w/2 ft. TUBING, CASING, AND CEME					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4"	8-5/8"	177	150 sx			
	9-7/8"	7"	3152	350 sx			
	6-3/4"	4-1/2"	7554	225 sx 1st stage			
			<u> </u>	225 sx 2nd stage			
V	. TEST DATA AND REQUEST F	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo able for this depth or be for full 24 hours)					
·	OIL WELL	2000 / 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Producing Method (Flow, pump, gas li				
	Date First New Oil Run To Tanks	Date of Test					
	Tubing Pressure Casing Pressure		Casing Pressure	Choke Size			
	Length of Test						
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF			
				SED 9 5 1000			
				1 221 2 3 1308			
	GAS WELL		2000	Gravity of Condon Salin. COM.			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	DIST. 3			
	2922	3 hours	Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressurs (Shut-in)	1909 PSI	3/4			
	Back pr.	202		ATION COMMISSION			
V	1. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	SFP 2.5 1000			
	APPROVED			SEP 25 ₁₉ 1968			
	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.		Original Staned by	By Original Signed by Emery C. Arnold			
			BY OF RAINED STATE TO				
			SUPERVISOR DIST. #9				
			1	This form is to be filed in compliance with RULE 1104.			
	1		for alla				
	- Kay Honour						
		gracioner	well, this form must be accompanied by tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				
	(Title) able on new and recompleted wells.			/C112.			
		9-23-68 Fill out only Sections I, II, III, and VI of Change of company well name or number, or transporter, or other such change of company (Date) Separate Forms C-104 must be filed for each pool in					
		Separate Forms C-104 must be filed for each pool in the completed wells.					
			the manufacture of				