			/
O.STRIBUTION SANTA FE		NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	AND ISPORT OIL AND NATURAL (GAS
CPERATOR / PRORATION OFFICE			
Cperator Tenneco Cil Company Address	у		
P. O. Box 1714, Dur	rango, Colorado	Other (Please explain)	
Reason(s) for filing (Greek proper box) New Well Recompletion	Change in Transporter of: Oil Dry Gas Castnahead Gas Condens		st delivery
Change in Ownership	Casinghead Gas Condens	Sure	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND I	LEASE THE NAME OF THE PARTY NA	ne, Including Formation	Kind of Lease
Lease Name		ec Pictured Cliffs	State, Federal or Fee Fed.
Hamner 4 Location			II. a.t.
Unit Letter <u>M</u> ; 99	O Feet From The South Line	e and 925 Feet From	The West
Line of Section 28 Tow	nship 29N Range	9W , NMPM, Sa	n Juan County
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off	CER OF OIL AND NATURAL GA	S Address (Give address to which appr	oved copy of this form is to be sent)
None Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)
El Paso Natural Gas Co	***	P. O. Box 990, Farmi	ngton, New Mexico
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	/hen
give location of tanks. If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deepen	Plug Back Same Resty. Diff. Res
Designate Type of Completic		X	12202
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 2343
5/5/66 Elevations (DF, RKB, RT, GR, etc.)	6/14/66 Name of Producing Formation	2403 Top Oil/Gas Pay	Tubing Depth
5876 Gr.	Aztec Pictured Cliffs	2280	Depth Casing Shoe
Perforations			2399
2280-2334	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	125	100 250
7-7/8"	3-1/2"	2399	
			all and must be equal to or exceed top al
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this a	lepth or be for full 24 hours)	oil and must be equal to or exceed top al
ON WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
244			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
·			Choxe Size
Actual Prod. During Test	Ott-Bbis.	Water - Bbls.	Choke Size
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	OFT-IVA
Actual Frod. During Test GAS WELL			JAN 9 1968
	Length of Test	Water - Bbls. Bbls. Condensate/MMCF	Gas-MCF RELLIE
GAS WEYE Actual Prod. Test-MCF/D			Gas-MCF RLUL JAN 9 1368 Gravity of Choke Size
GAS WELL Actual Prod. Test-MOF/D	Length of Test 3 hrs	Bbls. Condensate/MMCF Casing Pressure 697	JAN 9 1968 Gravity of Sold-nation. COM

VI. CERTIFICATE OF COMPLIANCE

January 8, 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.

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED_ By Original Signed by A. R. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 5

This form is to be filed in compliance with RULE 1104.

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 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, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.