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ſ	NO. OF COPIES RECEIVED		1						
	DISTRIBUTION			Ţ <b>-</b>		NEW M	EXICO OI		NEED
	SANTA FE		1		REQUI				
	FILE								AND
	U.S.G.S.				AUTHO	RIZAT	ION TO T	ran	SPO
	LAND OFFICE								
	TRANSPORTER	OIL GAS	1						
	OPERATOR	L	1						
I.	PRORATION OFFICE								
۸.	Operator								
	Tenneco Oil Company								
	Address								
	P. O. Box 1714, Durango, Colorado 81301								
	Reason(s) for filing (Check proper box)								
	New We!1				Change in Transporter of:				
	Recompletion				Oil		Dr	y Gas	
	Change in Ownershi	P			Casinghe	ad Gas [	c。	ndenso	ate _
11.	If change of owners and address of prev	ious ov	vner		SE				
	Lease Name				Well No.	Pool Na	me, Includir	ng Forr	mation
	Hamner				7 Aztec Pictured C				
	Location								
	Unit Letter	מ	- i	940	_Feet Fro	om The	North	_Line	and
	Line of Section	29		Township	2	9N	Range		91
111.	DESIGNATION O	F TRA			of oil		ATURAL		
	None							1	

	SANTA FE / FILE /	REQUEST	FOR ALLOWABLE AND	Effective 1-1-6	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65								
	LAND OFFICE  IRANSPORTER  CAS /	AUTHORIZATION TO TRA	NSPORT OIL AND I	NATURAL G	AS								
	GAS /												
I.	PRORATION OFFICE Operator												
	Tenneco Oil Company Address												
	P. O. Box 1714, Durango, Colorado 81301  Regson(s) for filing (Check proper box)  Other (Please explain)												
	Reason(s) for filing (Check proper box, New Well	Change in Transporter of:	Other (Please	e explain)	•								
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden											
	If change of ownership give name and address of previous owner												
11.	DESCRIPTION OF WELL AND			,									
	Lease Name	Well No. Pool Name, Including Fo		Kind of Lease State, Federal	or Fee	Lease No.							
	Hamner Location	7   Aztec Pictur	ed CITTIS	<u> </u>	Fed Fed	ISF 080245							
	Unit Letter D ; 940	Feet From The North Lin	e and <u>890</u>	Feet From T	he West								
	Line of Section 29 To	wnship 29N Range	9W , NMPM	, Sa	n Juan '	County							
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address	to which approv	ed copy of this form is	to be sent)							
	None Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address	to which approv	ed copy of this form is	to be sent)							
	El Paso Natural		P. O. Box 990, Farmington, New Mexico										
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connect	i	n								
IV	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling orde	r number:		<del></del>							
14.	Designate Type of Completic	on - (X)	New Well Workover	Deepen	Plug Back   Same Re	s'v. Diff. Res'v.							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.	······································							
	5/15/66	6/12/66 Name of Producing Formation	2245		2186 Tubing Depth								
	5707 Gr.		· •		pth Casing Shoe								
	2093-2152 Pictured C	liffs			2241								
		TUBING, CASING, AND	1	,	SACKS CE	MENT							
	12-1/4"	CASING & TUBING SIZE	DEPTH SET		100								
	7-7/8"	8-5/8" 3-1/2"	2241		275								
			fter recovery of total voli			avered top allow							
٧.	TEST DATA AND REQUEST FOIL WELL	able for this de	pth or be for full 24 hour	s)									
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij										
	Length of Test	Tubing Pressure	Casing Pressure	1 10 2	Choke_Size								
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-MCF								
	GAS WELL				ST. 3								
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF		Gravity of Condensate								
	4041 Testing Method (pitot, back pr.)	3 hrs Tubing Pressure (shut-in)	Casing Pressure (Shut	-(n)	Choke Size								
	Back Pr.		1		3/4								
VI.	CERTIFICATE OF COMPLIAN				TION COMMISSIO								
		•	APPROVED	٨	MAR 1 1968	19							
	Commission have been complied to	regulations of the Oil Conservation with and that the information given	Original Signed by Emery C. Arnold										
	above is true and complete to the	e best of my knowledge and belief.	SUPERVISOR DIST. #3										
	$\mathcal{M}$ / $\mathcal{M}$		11166										
	M. K. Hagn	er	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened										
	M. K. Wagner //Sign	ature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.										
	(Ti	ile)	All sections of this form must be filled out completely for allowable on new and recompleted wells.										
	2/28/68	ate)	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.