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DISTRIBUTIO					
SANTA FE	,				
FILE			~	H	
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	7		١	
	GAS	7			
OPERATOR	2				
PRORATION OF			ĺ		
Operator Tenneco Oil Compa					
Suite 1200 Lincol Reason(s) for filing (Check proper box)					

	SANTA FE  FILE  U.S.G.S.  LAND OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATUR	Form C-104 Supersedes Old C-101 and C-11 Effective 1-1-65 AL GAS			
I.	TRANSPORTER OIL / GAS / GAS / OPERATOR 2 PRORATION OFFICE Operator Tenneco Oil Com	many					
	Address	coln Tower Bldg - Denver.	Other (Please explain)	Oil Control of the Co			
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND Lease Name Irvin Location Unit Letter H : 23	Well No. Pool Name, Includin; F  1 Basil Dakota	State, Federal or Fee Fee *				
	Line of Section 11 Tox			an Juan County			
III.	DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil  The Permian Corpora	TRANSPORTER OF OIL AND NATURAL GAS insporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Cas El Paso Natural Gas If well produces oil or liquids, give location of tanks.	singhead Gas or Dry Gas [X]  S Co. Unit   Sec.   Twp.   Ege.   H   11   29   13	P. O. Box 990, Fa	rmington, New Mexico When			
IV.	Designate Type of Completion	; X	New Well Workover Deepe	n Plug Back   Same Res'v.   Diff. Res'v.			
	Date Spudded  12-31-69  Elevations (DF, RKB, RT, GR, etc.)  5340 GR	Date Compl. Ready to Proc.  2-9-70  Name of Producing Formation  Basin Dakota	Total Depth 6055 Top O!1/Gas Pay	P.B.T.D.  5997 Tubing Depth  5773			
	Perforations 5864-5934 W/ 5608-5620 W/		7000	Depth Casing Shoe			
	HOLE SIZE  17-\frac{1}{2}  12-\frac{1}{1}	23-3/8" 8-5/8"	D CEMENTING RECORD DEPTH SET 56 314	SACKS CEMENT  80 SKS Circulated 210 SKS Circulated			
	7-7/8	5-½" 2-3/8" EUE	6055 5773	750 SKS-3 Stages			
V.	TEST DATA AND REQUEST FOOIL WELL	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil and must be equal to or exceed top allowersh or be for full 24 hours)    Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	O(1-Bb)s.	Water - Bbls.	Gas-MCF			
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u> </u>			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	7295 Testing Mothod (pitos, back pr.)	3 HR. Tubing Prossure (Shut-ir)	Casing Pressure (Shub-in)	50° Choke Size			
VI.	Pitot CERTIFICATE OF COMPLIANCE	2050	Zero	3/4 BVATION CONVISSION			
	I hereby certify that the rules and r	by certify that the rules and regulations of the Oil Conservation  APPROVED  MAR 1 6 1970					
shove is true and complete to the best of my knowledge and ballef.			Original Signed by Emery C. Arnold  SUPERVISOR DIST. #3				
	SR Production Clerk		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despende 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 allow-				
	March 12, 1970		while on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes of owner.				