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| SANTA FE | | | | |
| FILE | | | | |
| U.S.G.S. | | | | |
| LAND OFFICE | | | | |
| TRANSPORTER | OIL | | | |
| | GAS | | | |
| OPERATOR | | | | |
| PRORATION OFFICE | | | | |

| ı | , DISTRIBUTION | | NSERVATION COMMISSION | Form C-104 | | |
|---|---|--|--|--|--|--|
| - 1 | SANTA FE | | OR ALLOWABLE | Supersedes Old C-104 and C-11 Effective 1-1-65 | | |
| ļ | FILE | | AND | • | | |
| - 1 | U.S.G.S. | AUTHORIZATION TO TRAN | ISPORT OIL AND NATURAL GA | • | | |
| Į | LAND OFFICE | | | | | |
| | TRANSPORTER OIL | | | | | |
| | GAS | | | | | |
| · | OPERATOR | | | | | |
| 3. | PRORATION OFFICE | | | | | |
| | | , | | | | |
| | Tenneco Oil Compa | ny | | | | |
| : | P.O. Box 3249 En | alewood, CO 80155 | | | | |
| | Reesen(s) for filing (Check proper box) | grewood, oo oozoo | Other (Please explain) | | | |
| | New Well | Change in Transporter of: | (| | | |
| | Recompletion | Oil Dry Gas | | | | |
| | Change in Ownership | Casinghead Gas Condens | ate X | | | |
| 1 | | | | | | |
| | If change of ownership give name and address of previous owner | | | | | |
| | and educate of heartons owner | | | | | |
| 3 . | DESCRIPTION OF WELL AND L | EASE | region Kind of Lease | Lease No. | | |
| | Legge Name | Well No. Pool Name, Including For | | Fee Federal 07511A | | |
| 1 | Linda Nye | 1A Blanco Mes | averde auto, restaire | reueral _u,ozzii | | |
| i | Location | OF Nouth | 920 | West | | |
| | Unit Letter;; | 05 Feet From The North Line | and OZU Feet From Th | MES C | | |
| | 22 | -akia 30N - Barran 8W | San Can | Juan County | | |
| | Line of Section 20 Tow | nahip 30N Range 8W | , NMPM, San | Oudit County | | |
| | | CAS NAMED AT CAS | | | | |
| Ш. | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil | ER OF OIL AND NATURAL GAS | Address (Give address to which approve | d copy of this form is to be sent) | | |
| | Gary Energy Corporation | n | 4 Inverness Ct.East Eng | lewood, CO 80112-5591 | | |
| | Name of Authorized Transporter of Cas | · · | Address (Give address to which approve | d copy of this form is to be sent) | | |
| | Southern Union Gather | - | P. O. Box 3981, Bloomfie | eld, N. M. 87413 | | |
| | | Unit Sec. Twp. P.ge. | Is gas actually connected? When | | | |
| | If well produces oil or liquids, give location of tanks. | D 20 30N 8W | 1 | | | |
| | | h that from any other lease or pool, | rive commingling order number: | • | | |
| | | n that from any other peace or poor, t | | | | |
| av. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | |
| | Designate Type of Completion | n – (X) | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| | | | | Tubing Depth | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | tubing bep | | |
| | | | | Depth Casing Shoe | | |
| | Perforations | |] | - | | |
| | | THRING CASING AND | CEMENTING RECORD | | | |
| | | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | HOLE SIZE | CASING & TOBING SIZE | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| • | V. 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 allow able for this depth or be for full 24 hours) | | | | | |
| • | OIL WELL | | | | | |
| Date First New Oil Run To Tanks Date of Teet | | | | | | |
| | l | | Control Branching | Chelie Mae | | |
| | Length of Test | Tubing Pressure | Casing Profite | | | |
| | i | | Water Bhie | | | |
| | Actual Pred. During Test | Ou-Bhs. | OIL CON. D | V | | |
| | | | OIL COIN. DRV | | | |
| | | | DISI. 3 | DIST. 3 | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MACF | Gravity of Condensate | | |
| | Actual Proc. 1661-mor/5 | | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Cosing Pressure (Shut-in) | Choke Size | | |
| | Tability manage (prior) on a part | | | | | |
| | CERTIFICATE OF COMPLIAN | CE | OIL CONSERVA | TION COMMISSION | | |
| V | . CERTIFICATE OF COMPLIAN | - | | 10010 | | |
| | | | APPROVED | APPROVED | | |
| I hereby certify that the rules and with end that the information given Commission have been compiled with end that the information given | | 5 m 1 1 4 1953 | | | | |
| above is true and complete to the best of my answering. | | | SUPERVISOR DISTRICT # 3 | | | |
| | | | TITLE | LE | | |
| | Martin de Summan | | This form is to be filed in compliance with RULE 1104. | | | |
| | | | II | | | |
| | - // M TANA / Sien | Matera) | well, this form must be accompanied by a testification of the well in accordance with RULE 111. | | | |
| Administrative Supervisor | | | I are accessed of this form wa | Att postings of this form must be filled out completely for allow- | | |
| | σ | icle) | able 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. | | | |
| | 10/10/84 | | Fill out only Sections I. II | et, or other such change of condition | | |

(Date)

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