	DISTRIBUTION SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65
J.S.G.S. AUTHORIZATION TO TRANSPORT O			· ·· · · ·	CAS
	LAND OFFICE	The Mexical Forms	THE ON THE AND MATURAL	GAJ
	TRANSPORTER OIL GAS			
	OPERATOR	4		
1.	PRORATION OFFICE			
	Operator			
	Tenneco Oil Company Address			
	Reason(s) for filing (Check proper box	1., Denver, CO 80222		
	New Well			
Recompletion Oil Dry Gas				
Change in Ownership Casinghead Gas Condensate				
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND	LEASE	*SF-	-065557
	Lease Name	Well No. Pool Name, Including F	ormation Kind of Leas	e Lease No.
	Cornell E	1E Basin Dakota	State, Federa	rlor Fee Fed *
Location 1-15				
	Unit Letter C : 820 Feet From The North Line and 1550 Feet From The West			
Line of Section 12 Township 29N Range 12W , NMPM, San Juan				
				Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oil	or Condensate XX	Address (Give address to which appro	ved copy of this form is to be sent)
	Giant Refining		Box 256, Farmington, N.M. 87401	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
	El Paso Natural Gas		Box 990, Farmington, N	N.M. 87401
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? . Wh	en
	give location of tanks.	C 12 29N 12W	no	ASAP
If this production is commingled with that from any other lease or pool, give commingling order number:				
IV. COMPLETION DATA				
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
			X	1 1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	5/12/80	6/6/80	6609	6557
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	5817 GL	Dakota	6377	6375
Perforations 6277 6404				Depth Casing Shoe
6377-6494				<u> </u>
			CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12 1/4	9 5/8	343	250
	7 7/8	4 1/2	6609	1900
=-		OR ALLOWARD TO		
٧.	TEST DATA AND REQUEST FO	JK ALLUWABLE (Test must be a able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to as succeed top allow-
	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			ft, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	-			1 41980
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	
		Oil-Bbis.		Gas-MCF
pioli-				1 V DIST. 3
1	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condenscte/MMCF	Gravity of Condensate
	·			
	A0F=1009 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		1	•	
ı	back pressure	2230	2250	3/4

VI. CERTIFICATE OF COMPLIANCE

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.

Asst Div. Admin. Manager (Title) 6/30/80

(Date)

OIL CONSERVATION COMMISSION

JUL 1 4 1989 APPROVED_ Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT TITLE .

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. Sanarata Forms C-104 must be filed for each most in multiply