NO. OF COPIES RECE	Elv.D	i .	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		Ĭ	
LAND OFFICE			
TRANSPORTER	OIL		
INANSPORTER	GAS	<u> </u>	
OPERATOR			
PROPATION OFFICE			I

June 18, 1981

(Date)

t	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110		
Ī	FILE		AND	Exective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS		
	LAND OFFICE					
Ī	TRANSPORTER OIL					
	GAS					
	OPERATOR					
•	PRORATION OFFICE					
•	Operator					
	Tenneco Oil Company					
	Address					
	P. O. Box 3249, Englewood, CO 80155					
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas	s [ŀ		
	Change in Ownership	Casinghead Gas Conden	sate			
İ	Change in Curations					
	If change of ownership give name					
	and address of previous owner					
		FACE				
и.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Leas	Lease No.		
	Hamner	3E Basin Dakota	Circa Feder	olor FeeFederal SF 080245		
		SE Busin bukott	<u> </u>			
	Location	Couth	870	The West		
	Unit Letter M : 970	Feet From The South Lin	e and 870 Feet From	The WCSC		
	00	2011 - 01	MMPM Con T	uan County		
	Line of Section 29 Tow	mship 29N Range 91	W , NMPM, San J	uan		
			-			
Ш.	DESIGNATION OF TRANSPORT	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS OF Condensate Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Oil	or Condensate				
	Conoco		Box 460, Hobbs, New M. Address (Give address to which appr	exico 88240		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X				
	El Paso Natural Gas		Box 990, Farmington,			
		Unit Sec. Twp. P.ge.	Is gas actually connected?	her.		
	If well produces oil or liquids, give location of tanks.	M 29 29N 9W	No	ASAP		
			give commingling order number:	•		
	If this production is commingled wit	th that from any other lease or pool,	give comminging order number.			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Flug Back Same Resty. Diff. Resty.		
	Designate Type of Completion	on = (X)				
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded		6659'	6650'		
	4/2/81	6/17/81 Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)			6602'		
	5761' gr.	Dakota	6481'	Depth Casing Shoe		
	Perforations					
	6482-91', 6535-56',	6482-91', 6535-56', 6603-07', 6623-31'				
			D CEMENTING RECORD	CACKE CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/4"	9-5/8" 36#	283'	250sx		
	8-3/4"	7" 23#	2700'	650sx		
	6-1/2"	4-1/2" 10.5#	6658'	510sx		
	0-1/2	2-3/8"	6602'	<u> </u>		
_		OR ALLOWARIE (Test must be a	after recovery of total volume of load of	il and must be equal to or exceed top allow-		
V.	TEST DATA AND REQUEST F	able for this de	epth or be for full 24 hours)			
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Date / Mat New Oil Hon 1					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Faudru or 1 asr			100000000000000000000000000000000000000		
		OII-Bbis.	Water - Bbls.	Gae- MOF		
	Actual Prod. During Test					
		1		- N		
				JUN 25 1881		
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Teet	Bote. Cornelisate Mario			
	2605	3 hrs. Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size		
	Testing Method (pisos, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (sade-rm)	2 1 0 market		
	Back Pressure	2250 PSI	 	3/4		
101	VI. CERTIFICATE OF COMPLIANCE		OIL CONSER	/ATION COMMISSION		
₹1	. CERTIFICATE OF COMEDIAN		II .	JAF 9 - 1201		
	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.		APPROVED	, 19		
			Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3			
			11			
	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	7/	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 with RULE 111.			
	(halle 1	1/alten				
	- Kien	nature)	well, this form must be accome tests taken on the well in accome.			
		·	tests texen on the west as to	must be filled out completely for allow		
	Asst. Div. Adm. Man	itle)	able on new and recompleted	Metra.		
	1.	•	11			

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