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 STATE
 COUNTY
 CITY
 LAND OFFICE
 TRANSPORTER OIL
 GAS /
 OPERATOR /
 PRODUCTION OFFICE

U.S. DEPARTMENT OF THE INTERIOR
 OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

WEDB
 11/8/79

I. OPERATOR
 Tenneco Oil Company
 Address
 720 S. Colorado Blvd., Denver, CO 80222
 Reasons for filing (check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Gasiness Gas Condensate
 Other (Please explain):
 If change of ownership give name and address of previous owner: Palmer Oil and Gas Co., P.O. Box 2564, Billings, MT 59103

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: Federal Well No.: 3 Pool Name, Including Formation: South Los Pinos Fruitland Kind of Lease: State, Federal or Fee Federal Lease No.: NW-28748
 Location:
 Unit Letter: G 1850 Feet From The North Line and 1640 Feet From The East
 Line of Section: 10 Township: 31N Range: 7W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Gasiness Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
 Northwest Pipeline Corporation P.O. Box 1526, Salt Lake City, 84110
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
 Yes 8/3/78

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deeper Plug Back Same Restv. Diff. Res.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe
 TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
 Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
 Length of Test Tubing Pressure Casing Pressure Choke Size
 Actual Prod. During Test Oil-Basis Water-Basis Gas-MCF
 GAS WELL
 Actual Prod. Test-MCF/D Length of Test Basis Condensate/MMCF Gravity of Condensate
 Testing Method (pilot, back pr.) Tubing Pressure (Shot-in) Casing Pressure (Shot-in) Choke Size

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.
 Signature
 Administrative Supervisor

OIL CONSERVATION COMMISSION
 APPROVED Original signed by CHARLES GNOLSON 19
 BY DEPUTY OIL & GAS INSPECTOR DIST. #3
 TITLE
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and IV for changes of well name or number, or transporter, or other such change of content. Forms 1004 must be filed for each pool in well.