	NO. OF COPIES RECE	5					
	DISTRIBUTIO						
	SANTA FE	1					
	FILE						
	U.S.G.S.						
	LAND OFFICE	<u></u>					
1.	TRANSPORTER	OIL	1				
		GAS	1				
	OPERATOR						
	PRORATION OFFICE						
	Operator						
	TENNECO OIL COMPANY						
	Address						

	DISTRIBUTION SANTA FE / FILE /	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND			Effective 1-1-6	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	LAND OFFICE TRANSPORTER OIL /							
	GAS / OPERATOR /							
1.	PRORATION OFFICE Operator					1		
	TENNECO OIL COMPANY							
	Address 1200 Lincoln Tower Building, Denver, Colorado 80203							
	Reason(s) for filing (Check proper box) Other (Please explain)							
ı	New Well X Change in Transporter of:							
	Recompletion Oil Dry Gas Condensate Casinghead Gas Condensate							
	Change in Ownership	Casinghead Gas Condens	Julie College					
	If change of ownership give name and address of previous owner	· .						
II.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	rmation	Kind of Lease		Lease No.		
	Gelbke Com	l Basin Dakota	Basin Dakota State, Federal or Fe		Fee Federal	SF078040		
	l [—]	710 Feet From The S Line	and 1155	Feet From The	W			
		vaship 31N Range	11W , NMPM	, San J	Juan	County		
111		TER OF OIL AND NATURAL GA	s					
**1.	Name of Authorized Transporter of Oil Rock Island Oil and	or Condensate X	Address (Give address t			_j		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Post Office Box #328, Farmington, New Mexico 8 Address (Give address to which approved copy of this form is to be sent)					
	El Paso Natural Gas If well produces oil or liquids,	Company Unit Sec. Twp. Rge.	Post Office Box Is gas actually connected		nington, New	Mexico		
	give location of tanks.	L 11 31N 11W	NO					
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,						
	Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover	Deepen P	Plug Back Same Re:	s'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F	P.B.T.D.			
	11-8-67	1-8-68	7397 Top Oil/Gas Pay		7390			
	levations (DF, RKB, RT, GR, etc.) Name of Producing Formation Fig. 1.05 DVD Producing Formation							
	6105 RKB Basin Dakota 7378 7356 Perforations 7376-78, 7368-70, 7362-64 w/2 7315, 7307, w/2 7276-78, 7270-72 w/2th Casing Shoe							
	7233, 7221, 7204, 7	190-92, 7180-82 w/2 TUBING, CASING, AND	CEMENTING RECOR		7387			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEI	MENT		
	15"	9-5/8"	175		150 sx			
	8-3/4"	7"	3000		350 sx			
	6-1/4"	4-1/2"	7396		225 sx 1s	-		
1 7	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							
ν.	OIL WELL	able for this de	pen or of for full 24 now.	3/				
	Date First New Off Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)							
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
		Oil-Bbls.	Water-Bble.		Gas MCF			
	Actual Prod. During Test	Oli-Bula.			A 344			
					o jeda bala Nasabija			
	GAS WELL Actual Prod. Test-MCF/D Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
	3010	3 hours						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu		Choke Size			
	Back pr	203	1535 PSI		3/4"			
VI	. CERTIFICATE OF COMPLIAN	CE			TION COMMISSIC	5 1968		
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	Original Signed by Emery C. Arnold				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			SUPERVISOR DIST. #3					
		TITLE						
	Lan Homen.	75 45 10 10 0 20	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
	Lay Honor	nature)	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,					
	General Clerk	:.) - 1						
	π 9 -2 3-6 8	itle)						
	9-Ε 3-ΟΨ	well name or number, or transporter, or other such change of condition						
			Separate Forms C-104 must be filed for each pool in multiply					

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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 completed wells.