-	DISTRIBUTION			2			
	SANTA FE						
İ	FILE						
	U.S.G.S.						
	LAND OFFICE						
	TRANSPORTER	OIL	1				
		GAS	/				
	OPERATOR		2				
ı.	PRORATION OFFICE						
	Tenneco Oil Company						
	Address						
	720 S. Colo Blvd., Denv						
	Reason(s) for filing (Check proper box)						
	New Well	lew Mejl VV					
	Recompletion Change in Ownership						

	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-L34						
	SANTA FE	REQUEST	REQUEST FOR ALLOWABLE					
	FILE /		AND Effective (
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (242				
	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	harden and the second							
	TRANSPORTER GAS	+	***					
	OPERATOR 2	:	API 30-045-23435					
1	PRORATION OFFICE							
••	Operator							
	Tenneco Oil Company							
	Address							
	720 S. Colo. Blvd., Denver, CO 80222							
	Reason(s) for filing (Check proper box		Other (Please explain)					
	New Weil XX	Change in Transporter of:						
	Recompletion	Oil Dry Ga Casinghead Gas Conden						
	Change in Ownership	Casinghead Gas Conden	isate [_]					
	If change of ownership give name							
and address of previous owner								
11	DESCRIPTION OF WELL AND	LEASE	* U	SA-NM-010989				
	Lease Name	Well No. Pool Name, Including Fo						
	Hubbard A	1 Basin Dakota	State, Federal or Fee Federal *					
	Location							
	Unit Letter P; 1	020 Feet From The South Lin	e and 1180 Feet From	The East				
	Line of Section 30 To	wnship 32N Range 1	1W , ымрм, San Ji	uan County				
			_	•				
III.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	wed conv of this form is to be sent!				
	Giant Refining	C. Condendate AM						
	Name of Authorized Transporter of Ca	singhead Gas 🔲 or Dry Gas🏋	P.O. Box 256. Farming: Address (Give address to which appro	ton, NM 8/401 oved copy of this form is to be sent)				
	El Paso Natural Gas Co	1371						
		Unit Sec. Twp. P.qe.						
	If well produces oil or liquids, give location of tanks.	P 30 32N 11W	No	ASAP				
	If this production is commissionled wi	this production is commingled with that from any other lease or pool, give commingling order number:						
	COMPLETION DATA							
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back 'Same Res'v. Diff. Res				
			X !					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 7930'	P.B.T.D.				
	11/23/79	1/18/80 Name of Producing Formation	Top Oil/Gas Pay	7867 Tubing Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Basin Dakota	7674'	7663'				
	Perforations	Dustin Burota	7074	Depth Casing Shoe				
	7674'-7834(Dakota)							
		TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	12 1/4"	9 5/8"	245	225				
	8 3/4"	7"	3750	740				
	6 1/4"	4 1/2"	7905	575				
		2 3/8"	7663	<u> </u>				
V.	TEST DATA AND REQUEST F	and must be equal to or exceed top all.						
	OIL WELL Date First New Oil Run To Tanks	II. WELL able for this depth or be for full 24 hours)						
	Date First New Oil Aun 16 14m23	Date 01 1001	COLD.					
	Length of Test	Tubing Pressure	Casing Pressure	Cost				
		1						
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF				
				40111980				
		CON. COM						
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate				
	AOF= 2899 Testing Method (picot, back pr.)	3 hrs Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choxe Size				
			2025	3/4"				
	back pressure	1975	·					
VI.	CERTIFICATE OF COMPLIAN	CE .	ADD O A	1980 COMMISSION				
	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 APR 24					
			71 110 4 10					
			Original Signed by FRANK T. CHAVEZ					
	,		TITLE SUPERVISOR DISTRICT # 3					
	() And the		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper					
	(Signature)		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 all able on new and recompleted wells. Eith out only Sections I II. III. and VI for changes of own					
	Administrative Supervisor							
	(Title)							
	2/7/80							
		ite)	well name or number, or transporter, or other such change of conditi					
			Separate Forms C-104 mus	it be filed for each pool in muiti:				
		·						