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NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-101 and C-110 Effective 1-1-65
U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS OPERATOR /	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GA	as B.T.
PRORATION OFFICE Operator			
TENNECO OIL COMPANY			
Suite 1200 Lincoln Tower Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	Well completed a Upper Hospah.	s a dual in
If change of ownership give name and address of previous owner		• .	
I. DESCRIPTION OF WELL AND LE	EASE	Struction Kind of Lease	Lease No.
Lease Name Hospah	I Well No.: Pool Name, including Fu	outh (Upper Sand State, Federal	
Location Unit Letter D ; 1280	Feet From The North Line	e and Feet From T	he West
Line of Section 12 Towns	ship 17N Range 9	W , NMPM, McK	Cinley County
If well produces oil or liquids,	or Condensate	Address (Give address to which approved P. O. Box 1528, Farming Address (Give address to which approved Is gas actually connected? When	gton, NM sed copy of this form is to be sent)
give location of tanks. If this production is commingled with		give commingling order number:	
V. COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v. X
1 -	Date Compl. Ready to Prod. 4-26-70	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Upper Hospah	Top Oil/Gas Pay	Tubing Depth
Perforations 1585' - 1624'	w/one shot per ft.		Depth Casing Shoë
		D CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DE. THOSE	
		after recovery of total volume of load oil	and top all
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be able for this d	lepth or be for full 24 hours) Producing Method (Flow, pump, gas li	
Date First New Oil Run To Tanks	Date of Test 5-1-70	Pumping Pumping	WEOTHER /
5-1-70 Length of Test	Tubing Pressure	Casing Pressure	Chok Siz MAY 7 1970
24 hrs. Actual Prod. During Test	Oil • Bbis.	Water-Bbls.	Gas COIL CON. COM.
Actual Prod. During Test	114	21	TSTIST. 3
O A O MICH Y			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIANO		4	ATION COMMISSION MAY 7 1970
I hereby certify that the rules and a Commission have been complied wabove is true and complete to the		Original Staned by	

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.

TITLE _

Tint

(Signature)

Sr. Production Clerk (Title)

> <u>5/1/70</u> (Date)

All sections of this form must be filled out completely for allows able 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.

This form is to be filed in compliance with RULE 1104.