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| LAND OFFICE | | | | | |
| TRANSPORTER | OIL | 1 | | | |
| TRANSFORTER | OIL GAS | | | | |
| OPERATOR | | 4 | | | |
| PRORATION OF | 1_ | | | | |
| Operator | | | | | |

| | DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | |
|---|--|---|--|---------------------------------------|---|--|--|
| 1. | PRORATION OFFICE | | | | | | |
| | TENNECO OIL COMPANY Address Suite 1200 Lincoln Tower Building, Denver, Colorado 80203 | | | | | | |
| - | | | | | | | |
| } | Suite 1200 Lincoln Tower Building, Denver, Colorado 80203 Reason(s) for filing (Check proper box) Other (Please explain) | | | | | | |
| | New We!1 A Change in Transporter of: | | | | | | |
| | Recompletion Oil Dry Gas Condensate Casinghead Gas Condensate | | | | | | |
| Į | 14 20 062 0621 | | | | | | |
| | If change of ownership give name and address of previous owner | | | | | | |
| 11 | ESCRIPTION OF WELL AND LEASE Heirs of Don Ne Pah | | | | | | |
| 11. | Lease Name | Well No. Pool Name, Including For | | Kind of Lease State, Federal of | Lease No. | | |
| | Don Ne Pah 2 Undesignated Dakota State, readers a ree | | | | | | |
| | | 60 Feet From The West Line | and 2060 | Feet From Th | e North | | |
| | 10 _ | mship 17N Range | 8W , NMPN | 4. McKinle | County | | |
| | Line of Section 10 Tow | mship I'/N Range | OW , | * ITCANALA S | <u>Y</u> | | |
| III. | DESIGNATION OF TRANSPORT | FER OF OIL AND NATURAL GAS | S Address (Give address | to which approve | d copy of this form is to be sent) | | |
| | The Permian Corporat | The Permian Corporation 200 Petroleum Plaza, Farmington, New Mexico | | | | | |
| | Name of Authorized Transporter of Cas | inghead Gas or Dry Gas | Address (Give address | to which approve | d copy of this form is to be sent) | | |
| | | Unit Sec. Twp. Rge. | Is gas actually connec | ted? When | | | |
| | If well produces oil or liquids, give location of tanks. | E 18 17 8 | No | | | | |
| | If this production is commingled wit | h that from any other lease or pool, a | give commingling orde | r number: | | | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover | Deepen | Plug Back Same Res'v. Diff. Res'v. | | |
| | Designate Type of Completic | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | |
| | Date Spudded | 11–10–70 | 2820 | | 2800 | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | | |
| | 6978 GR | Dakota | | | 2736 Depth Casing Shoe | | |
| | 2753! - 2759! w/2 | shots per ft. | • | | | | |
| | | TUBING, CASING, AND | DEPTH : | RD | SACKS CEMENT | | |
| | 12-1/4 | 8-5/8 | 65 | , , , | 40 sacks Circulated | | |
| | 7-7/8 | 5-1/2 | 2820 | | 300 sacks | | |
| | | | | , , , , , , , , , , , , , , , , , , , | | | |
| | THE PART AND TROUBET E | OR ALLOWABLE (Test must be a able for this de | fter recovery of total vo | lume of load oil a | and must be squality or exceed top allowe | | |
| ¥. | OIL WELL | | pth or be for full 24 hou Producing Method (Fl. | | | | |
| | Date First New Cil Run To Tanks | Date of Test | Flowing | ow, panie, gas ist. | 1404 - | | |
| | 11-10-70 Length of Test | 11-10-70 Tubing Pressure | Casing Pressure | | Chek SOIL CON. COM | | |
| | 24 hrs. | 100 | | | Note DIST. 3 | | |
| | Actual Prod. During Test | Oil-Bbis. | Water-Bbls. | | Gas-MOF | | |
| | 150 | 120 | 30 | | IIU | | |
| GAS WELL CONFIDENTIAL For go days after any | | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bble. Condensate/MN | (C / | Gravity of Condensate | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Sh | ct-in) | Choke Size | | |
| W | CERTIFICATE OF COMPLIAN | ice | OIL | OIL CONSERVATION COMMISSION | | | |
| ₹ 1 | 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 NOV 16 1970 , 19 | | | | |
| | | | Original | By Original Signed by Emery C. Arnold | | | |
| | | | | | | | |
| / | | SUPERVISOR DIST. #3 | | | | | |

(Signature)

(Date)

Sr. Production Clerk

(Title)

11-12-70

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

If this is a request for allowable for a nowly drilled or despend 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 effects able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owell name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiply completed wells.