

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND <u>Oil</u>					
TRANSPORTER <u>Oil</u>					
GAS					
OPERATOR					
PRORATION OFFICE					
				*Changed back from injection to production	

Operator Tenneco Oil Company	
Address 1360 Lincoln St., Suite 1200, Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/> *	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Designation of transporter of casinghead gas for injection into "A" Zone - Lone Pine Dakota "D" Field	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE		30-013-20192	
Lease Name Lone Pine Dakota "D" Unit	Well No. 2	Pool Name, Including Formation Lone Pine Dakota	Kind of Lease State, Federal or Fee
Location		Fee	
Unit Letter <u>I</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>			
Line of Section <u>7</u> Township <u>17N</u> Range <u>8W</u> , NMPM, <u>McKinley</u> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) 5101 E. Main, Farmington, New Mexico
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) 805 W. Municipal Dr., Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tenneco Oil Company	Address (Give address to which approved copy of this form is to be sent) 1860 Lincoln, Suite 1200, Denver, Colo. 80203
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>I</u> Sec. <u>7</u> Twp. <u>17N</u> Rge. <u>8W</u>	yes 2-1-76

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'ty. Diff. Res'ty.
Date Spud	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, 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

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 tap 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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Ebbs. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 <u>MAR 10 1976</u> , 19	
BY <u>Original Signed by A. R. Kendrick</u>		TITLE <u>SUPERVISOR DIST. #3</u>	
This form is to be filed in compliance with RULE 1104.			
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.			
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, well name or number, or transporter or other such change of condition.			
Separate Forms C-104 must be filed for each pool in multiply			

(Signature)

Division Clerical Supervisor

3-8-76

(Date)