

|                  |  |  |  |                                |  |
|------------------|--|--|--|--------------------------------|--|
| DISTRIBUTION     |  | NEW MEXICO OIL CONSERVATION COMMISSION         |  | Form C-104                     |  |
| SANTA FE         |  | REQUEST FOR ALLOWABLE                          |  | Supersedes Old C-104 and C-110 |  |
| FILE             |  | AND  |  | Effective 1-1-65               |  |
| U.S.G.S.         |  | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS |  |                                |  |
| LAND OFFICE      |  |  |  |                                |  |
| TRANSPORTER      |  | OIL 1  |  |                                |  |
|                  |  | GAS 1  |  |                                |  |
| OPERATOR         |  | 4  |  |                                |  |
| PRORATION OFFICE |  |  |  |                                |  |

Operator Tenneco Oil Company

Address Suite 1200 Lincoln Tower Bldg. Denver, Colo 80203

Reason(s) for filing (Check proper box) ☐ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐ Other (Please explain) Change of Well Name & Number from 5FR-1CR #14 Effective 4/1/77

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

|                              |           |                                |                                  |           |
|------------------------------|-----------|--------------------------------|----------------------------------|-----------|
| Lease Name                   | Well No.  | Pool Name, Including Formation | Kind of Lease                    | Lease No. |
| <u>Lone Pine Dakota Unit</u> | <u>23</u> | <u>Lone Pine Dakota</u>        | State, Federal or Fee <u>Fee</u> |           |

Location

Unit Letter K : 1650 Feet From The South Line and 2310 Feet From The West Line of Section 13 Township 17 Range 9 , NMPM, McKenley County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| <u>Shell Pipe Line Corp.</u>   | <u>805 W. Municipal Dr. - Farmington, N.M.</u>                           |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Tenneco Oil Co.</u>   | <u>Suite 1200 Lincoln Tower, Denver, Colo</u>                            |

If well produces oil or liquids, give location of tanks. Unit K Sec. 13 Twp. 17 Rge. 9 Is gas actually connected? Yes When 10/15/71

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'v. | Diff. Res'v. |
|                                    |          |          |          |          |        |           |             |              |

|              |                            |             |          |
|--------------|----------------------------|-------------|----------|
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|              |                            |             |          |

|                                    |                             |                 |              |
|------------------------------------|-----------------------------|-----------------|--------------|
| Elevations (DF, RKB, RT, GR, 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 top 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    |
|                |                 |                 | <u>MM 8 1</u> |

|                          |           |             |                |
|--------------------------|-----------|-------------|----------------|
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF        |
|                          |           |             | <u>Oil 120</u> |

GAS WELL

|                         |                |                       |                       |
|-------------------------|----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|                         |                |                       |                       |

|                                  |                           |                           |            |
|----------------------------------|---------------------------|---------------------------|------------|
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
|                                  |                           |                           |            |

CERTIFICATE OF COMPLIANCE

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.

SA Ford (Signature)  
Sr. Prod. Clerk (Title)  
3/30/77 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 31 1972, 19\_\_\_\_

BY Original Signed by Emery G. Arnold

TITLE SUPERVISOR DIST. #3

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

