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| SANTA FE              |     |  |
| FILE                  |     |  |
| U.S.G.S.              |     |  |
| LAND OFFICE           |     |  |
| TRANSPORTER           | OIL |  |
|                       | GAS |  |
| OPERATOR              |     |  |
| PRODUCTION OFFICE     |     |  |

OIL CONSERVATION DIVISION  
P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|  |  |
|--|--|
| Operator<br>Tenneco Oil Company  |  |
| Address<br>P. O. Box 3249, Englewood, CO 80155   |  |
| Reason(s) for filing (Check proper box)  | Other (Please explain)   |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas<br><input checked="" type="checkbox"/> Dry Gas<br><input checked="" type="checkbox"/> Condensate |

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SEP 12 1985  
OIL CON. DIV.  
DIST. 3

If change of ownership give name  
and address of previous owner

|                                   |                 |  |   |                       |
|-----------------------------------|-----------------|--|---|-----------------------|
| II. DESCRIPTION OF WELL AND LEASE |                 |  |   |                       |
| Lease Name<br>Storey Com C        | Well No.<br>4E  | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee<br>USA<br>SF | Lease No.<br>077111   |
| Location                          |                 |  |   |                       |
| Unit Letter<br>G                  | :<br>1790       | Feet From The<br>North                         | Line and<br>1540                                    | Feet From The<br>East |
| Line of Section<br>15             | Township<br>28N | Range<br>9W                                    | NMPM,<br>San Juan                                   | County                |

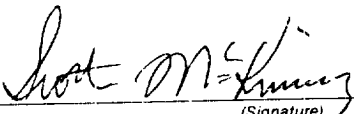
|  |           |  |                                   |            |
|--|-----------|--|-----------------------------------|------------|
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   |           |  |                                   |            |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         |           | Address (Give address to which approved copy of this form is to be sent) |                                   |            |
| Conoco Inc. Surface Transportation   |           | P. O. Box 460, Hobbs, NM 88240   |                                   |            |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> |           | Address (Give address to which approved copy of this form is to be sent) |                                   |            |
| El Paso Natural Gas Co.  |           | P. O. Box 4990, Farmington, NM 87499                                     |                                   |            |
| If well produces oil or liquids,<br>give location of tanks.  | Unit<br>G | Sec.<br>15   | Twp.<br>28N                       | Rge.<br>9W |
|  |           |  | is gas actually connected?<br>Yes | When       |

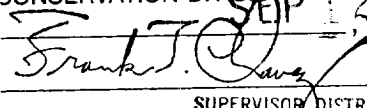
If this production is commingled with that from any other lease or pool, give commingling order number

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
(Signature)  
Senior Regulatory Analyst  
(Title)  
September 6, 1985  
(Date)

|  |   |
|--|---|
| OIL CONSERVATION DIVISION  |   |
| APPROVED   | SEP 12 1985   |
| BY   |  |
| SUPERVISOR DISTRICT #3   |   |
| TITLE  |   |
| 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 Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change or condition.   |   |
| Separate Forms C-104 must be filed for each pool in multiply completed wells.  |   |

IV. COMPLETION DATA

|                                    |  |          |          |          |          |        |           |            |             |
|------------------------------------|--|----------|----------|----------|----------|--------|-----------|------------|-------------|
| Designate Type of Completion — (X) |  | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv. |
|------------------------------------|--|----------|----------|----------|----------|--------|-----------|------------|-------------|

|                                      |                             |                   |              |
|--------------------------------------|-----------------------------|-------------------|--------------|
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth       | P.B.T.D.     |
| Elevations (D.F., 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 |
|-----------|----------------------|-----------|--------------|

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| 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            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |