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SANTA FE				
FILE				
U.\$.G.\$.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11	
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Effective 1-1-65	
	LAND OFFICE	. AUTHORIZATION TO TRA	AS		
	TRANSPORTER OIL				
	GAS				
	OPERATOR				
I.	PRORATION OFFICE	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	Tenneco Oil Company				
	Address		<del></del>		
	P. O. Box 3249, Engl				
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well X	Change in Transporter of: Oil Dry Go			
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conder	<del>     </del>		
	If change of ownership give name and address of previous owner				
	•			-	
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lease	USA Lease No.	
	Vandewart Com	3E Basin Dakota	İ		
	Location	J JE   Bustil Buko ee	*	3	
	Unit Letter A ; 79	O Feet From The north Lin	se and 940 Feet From T	<sub>he</sub> east	
	Line of Section 13 Tov	vnship 29N Range	8W , NMPM, S	an Juan County	
700	DESIGNATION OF TRANSPORT	PER OF OUT AND NATURAL CA	.e		
111.	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)	
	Giant Refinery		7727 N. 16th St., Phoen		
	Name of Authorized Transporter of Cas	— ·	Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas Co	<del></del>	P. O. Box 4990, Farmir		
	If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? Whe	ASAP	
	give location of tanks.	<del></del>	<u> </u>	ASAI	
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.	
	Designate Type of Completion		X :		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D	
	09/06/84 Elevations (DF, RKB, RT, GR, etc.)	10/16/84	7585 KB	7541' KB	
	6329' GR		7348' KB	7381' KB	
	Perforations 2 JSPF 23 46			Depth Casing Shoe	
	7348-60', 7432-34', 745	9-64', 7492-96' KB		7582' KB	
		T	CEMENTING RECORD		
	HOLE SIZE	9-5/8" CSQ	331' KB	225sx 266 CF	
	12-1/4" 8-3/4"	7" csg	3599. KB	520sx 841 CF	
	6-1/4"	4-1/2" csq liner	3489-7582' KB	426sx 424 CF	
		2-3/8" tbq	7381' KB		
V.		OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
	OII. WELL able 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.)				
	Date First New Cir Run 10 1 max			·	
	Length of Test	Tubing Pressure	Casing Pressure	Chok Bis	
	Actual Prod. During Test	Oil-Bbls.	Water-Bble. (1.) 0CT 2 (3.198	Gae - Met	
			00120130	<u> </u>	
	GAS WELL		OIL CON. D	οίV.	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCFD!ST 3	Gravity of Condensate	
	1796	3 hrs Tubing Pressure (shut-is)			
	-	· · · · · · · · · · · · · · · · · · ·	Casing Pressure (Shut-in)	Choke Size	
	back pressure	2300	2320	3/4"	
VI.	CERTIFICATE OF COMPLIANCE	ERTIFICATE OF COMPLIANCE OIL CONSE		TION COMMISSION	
	a second and analysis of the Oil Conservation		OIL CONSERVA	/ 40 1307 . 19	
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		Original Signed by F	RAMK T CHAVET	
above is true and complete to the best of my knowledge and		best of my knowledge and belief.	Original Signed by FRANK T. CHAVET		
	Sr. Regulatory Analyst  (Title)		TITLE SUPERVISOR DISTRICT # 3		
			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despened 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.		
,					
	10/18/84	••/	III. and VI for changes of owner,		
	10/10/04 (Da	ie)	well name or number, or transporte	t, or other such change of condition.	
			Separate Forms C-104 must	be filed for each pool in multiply	