Ĺ	NO. OF COPIES RECEIVED			,		
	DISTRIBUTION SANTA FE /	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
-	AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE					
	TRANSPORTER GAS /					
1.	PRORATION OFFICE Operator					
	Tenneco Oil Company OIL COM. DIST. 3					
	Reason(s) for filing (Check proper box)					
	New We!! X Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate					
	change of ownership give name nd address of previous owner					
и.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Includin	g Formation	Kind of Lease	Lease No.	
	Riddle Com	3 Fruitland		State, Federa. cr	Fee SF 0802 44	
	Unit Letter 0 1020 Feet From The South Line and 1685 Feet From The East					
	Line of Section 21 Town	nship 30N Range	9W , NMF	м, San Jua	n County	
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	GAS Address (Give addres	s to which approved	copy of this form is to be sent)	
:	Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Unit Sec. Twp. Rge.		P. O. Box	P. O. Box 990, Farmington, New Mexico Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks. No It this production is commingled with that from any other lease or pool, give commingling order number:					
	COMPLETION DATA	Oil Well Gas Wel			.ug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	M = (X) XX Date Compl. Ready to Prod.	XX Total Depth		.B.T.D.	
	· ·	14/7/69 Name of Froducing Formation	2858		2720	
	6037 KB	Name of Producing Formation Fruitland	Top Oil/Gas Pay 2515	;	272] '	
	2515-23 w/3 holes/ft. 2515-23 w/3 holes/ft. 2858 TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH		SACKS CEMENT	
	12 1/4"	8 5/8"	100'		7 5	
	7 7/8"	3 1/2" 1 1/4"	2828' 27 2 6'		80	
V.	EST DATA AND REQUEST FOR ALLOWABLE (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)					
	OH. 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-3bls.	Water-Bbls.		Gas - MOF	
	GAS WELL					
	Actual Prod. Test-MCF/D Length of Test 2032 24 hours		Bbls. Condensate/M	MCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (5)	nut-in)	Choke Size	
VI	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.		ven		4.	
				BY Original Signed by Emery C. Arnold SUPERVISOR DIST. HU		
	Day D.	This form is	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			
	(Sign	well, this form r				

Production Clerk (Title)

(Date)

May 15, 1969

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