|  | DISTRIBUTION DISTRIBUTION DISTRIBUTION   |   | ONSERVATION COMMISSION<br>FOR ALLOWABLE<br>AND  | Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 |  |
|--|--|---|---|---|--|
|  | U.S.G.S.   | AUTHORIZATION TO TRA                    | NSPORT OIL AND NATURAL G  | AS \  |  |
| ļ  | LAND OFFICE  |   |   | 1   |  |
|  | IRANSPORTER GAS /  | API 30-045-22876                        |   |   |  |
|  | OPERATOR Z   |   |   |   |  |
| 1.   | Operation OFFICE   | PRORATION OFFICE Operator               |   |   |  |
|  | TENNECO OIL COMPANY  |   |   |   |  |
|  | 720 S. Colorado Blvd. Penthouse Denver Colorado 80222  |   |   |   |  |
|  | Reason(s) for filing (Check proper box)  Change in Transporter of:   |   |   |   |  |
|  | New Well  OII Dry Gos  |   |   |   |  |
|  | Change in Ownership  | Cazinghead Gas Conder                   | ns ate  |   |  |
|  | f change of ownership give name and address of previous owner  |   |   |   |  |
| H.   | DESCRIPTION OF WELL AND L  | EASE   Well No.: Pool Name, Including F | Tornation Kind of Lease   | * USA-N- 016746   |  |
|  | Lesse Name<br>Horton   | 1 Dakota                                | 5   | * Federal   |  |
|  | Location   | 1050 N                                  | 1000  | W   |  |
|  | Unit Letter ;  | Lin Lin Lin Lin                         | ne and 1980 Feet From 7   | The W   |  |
|  | Line of Section 28 Township 31N Range 9W , NMPM, San Juan County   |   |   |   |  |
| .II.   | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)  |   |   |   |  |
|  | Conoco   |   | 555 17th Street Denver  | Colorado, 80202   |  |
|  | Name of Authorized Transporter of Casinghead Gas or Dry Gas El-Paso Natural Gas  |   | Address (Give address to which approved copy of this form is to be sent)  Box 990 Farmington New Mexico 87401 |   |  |
|  | Name of Authorized Transporter of Casinghead Gas of Dry Gas Address (Give address to which approved copy of this form is to be sent)   |   |   |   |  |
|  |  | Unit Sec. Twp. Ege.                     | Is gas actually connected? Whe  | en ,  |  |
|  | If well produces oil or liquids, give location of tanks.   | 1 1 1                                   | ND  | ASAP  |  |
|  | If this production is commingled wit   | h that from any other lease or pool,    | give commingling order number:  |   |  |
| IV.  | COMPLETION DATA Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Resty.   Diff. Resty.  |   |   |   |  |
|  | Designate Type of Completio  | Date Compl. Ready to Prod.              | Total Depth   | P.B.T.D.  |  |
|  | Date Spudded 2-27-78   | 5-22-78                                 | 7630  | 7608  |  |
|  | Elevations (DF, RKB, RT, GR, etc.)<br>6194 GR  | Name of Producing Formation  Dakota     | Top O:1/Gas Pay<br>7357   | Tubing Depth 7391   |  |
|  |  | - 83, 7786-90, 7398-740                 |   | Depth Casing Shoe   |  |
|  | 7510-35, 7558-64, 7573-78, w/2 JSPF  TUBING, CASING, AND CEMENTING RECORD  |   |   |   |  |
|  | HOLE SIZE  | CASING & TUBING SIZE                    | DEPTH SET   | SACKS CEMENT  |  |
|  | 12-1/4"  | 9-5/8"                                  | 304   | 275<br>450  |  |
|  | 8-3/4"<br>6-1/4"   | 4-1/2                                   | 3600<br>7617  | 475   |  |
|  |  | 1                                       |   | <u> </u>  |  |
| V  | TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow 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 li  | ft, etc.)   |  |
|  | Length of Teet   | Tubing Pressur●                         | Cosing Pressure   | Choke Size  |  |
|  | Actual Frod, During Test   | Oil-3ble.                               | Water-Bbis.   | Gas-Mar   |  |
|  | Actual Prod. During 1441   | 0.1 32.2.                               |   |   |  |
|  |  |   |   |   |  |
|  | Actual Prod. Test-MCF/D  | Length of Test                          | Bbis. Condensate/MMCF   | Gravity of Condensate                                     |  |
|  | 2721 AOF   | 3Hrs. Tubing Pressure (Shut-in)         | Cosing Pressure (Shut-in)   | Choir Size  |  |
|  | Testing Method (pitot, back pr.) BK.PR.  | Tubing Pressure (Shut-in)               | 2155  |   |  |
| ¥1   | I. CERTIFICATE OF COMPLIAN   |   | OIL CONSERVATION COMMISSION   |   |  |
|  | I hereby certify that the rules and regulations of the Oil Conservation  |   | APPROVED MAR 1°4 1979   |   |  |
| I hereby certify that the rules and regulations of the Commission have been complied with and that the above is true and complete to the best of my know |  | with end that the information given     | en   R Kendrick   |   |  |
|  | above is true and complete to the  | s best of my knowledge and bellen       | TILE  |   |  |

Administrative Supervisor

(Title)
(Dote)

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 iii.

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 completed wells.