DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-191 and C-1 SANTA FE REQUEST FOR ALLOWABLE 11 FILE **DNA** AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE 016 TRANSPORTER GAS OPERATOR 2 PRORATION OFFICE Operator Tenneco Oil Company Address Denver, Colorado 80203 -Suite 1200 Lincoln Tower Bldg. Reason(s) for filing (Check proper box) Other (Please explain) Designation of Transporter Change in Transporter of: on casing head gas for injection into New Well "A" Zone - Lone Pine Dakota "D" Field. Oil Dry Gas Recompletion Casinghead Gas Condensate Change in Ownership Effective 10/15/71 If change of ownership give name and address of previous owner ____ 30-031-20192 Kind of Lease I. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation State, Federal or Fee Lone Pine Dakota "D" Fee SFP - RR 12 Location Feet From The South Line and Feet From The <u>East</u> 1650 Unit Letter_ 17 Range McKinley Township Line of Section I. DESIGNATION OF TRANSFORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of GII Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas [A] or Dry Gas Suite 1200 Lincoln Tower Bldg. Is gas actually connected? When Tenneco Cil Company Denver. Twp. P.ge. Sec. Unit If well produces oil or liquids, give location of tanks. Cctcber 15, 1971 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back Same Resty. Diff. Resty Oil Well Gas Well New Well Workover Deepen Designate Type of Completion - (X) P.B.T.D Total Depth Date Compl. Ready to Prod. Top Cil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must by early to or exceed top allow-V. TEST DATA AND REQUEST FOR ALLOWABLE able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc Date of Test Date First New Cil Run To Tanks Cho Casing Pressure Tubing Pressure Length of Test Gas Water - Bbls Actual Prod. During Test Oil - Bbls. DIST GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

OIL CONSERVATION COMMISSION

T. 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.

Sr. Production Clerk

12/6/71

(Signature)

(Title)

(126 e)

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.

This form is to be filed in compliance with RULE 1104.

DEC

BY Original Signed by Emery C. Arnold

All sections of this form must be filled out completely for allowable on new and recompleted wells.

9 1971

SUPERVISOR DIST. #3

Lesse No.

County

Fill cut 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.

APPROVED.

TITLE .