

SANTA FE	1	
FILE	1	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		4
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Tenneco Oil Company

Address Suite 1200 Lincoln Tower Bldg - Denver, Colo

Reason(s) for filing (Check proper box) ☐ New Well ☐ Completion ☒ Change in Ownership ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain) Change of Well Name & Number from SFP RR # 26 Effective 4/1/72

Change of ownership give name Tesoro - 8520 Crown Hill, San Antonio, Tex
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lone Pine Dakota D</u>	Well No. <u>6</u>	Pool Name, Including Formation <u>Lone Pine Dakota</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No.
Location <u>N 66D</u>	Unit Letter <u>N</u>	Feet From The <u>South</u> Line and <u>1980</u>	Feet From The <u>West</u>	
Line of Section <u>7</u>	Township <u>17</u>	Range <u>8</u>	NMPM, <u>McKinley</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Shell Pipe Line Corp.</u>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>805 W. Municipal Dr. Farmington, N.M.</u>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

G. G. Ford
(Signature)
sr. Prod. Clerk
(Title)
3/30/72
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 3 1972, 19____

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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 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.