DISTRIBUTION S'NTAFE /	1	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (GAS /
IRANSPORTER GAS /			
PRORATION OFFICE			
Operator Tenneco Ot	il Company		
Address		0.2.1.0000	
Suite 1200 I: Reason(s) for filing (Check proper box)		ver, Colorado 80203 Other (Please explain)	esignation of Transporter
New Well	Change in Transporter of:	1	as for injection into
Recompletion	Oil Dry Ga	's ''A'' Zone - Lone	Pine Dakota "D" Field.
Change in Ownership	Casinghead Gas Conder	Effective 10/1	5/71
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND			30-031-20201
Lease Name	Well No. Pool Name, Including F	1	
SFP - RR	14 Lone Pine Da	Kota "b" Sidie, Federo	d or Fee Fee
Unit Letter K ; 16	50 Feet From The South Lin	ne and <u>2310</u> . Feet From	The West
Line of Section 13 Tov	vnship 17 Range S	, NMPM, McKinle	ey County
DESIGNATION OF TRANSPORT	FED OF OU AND NATURAL CA	. C	
Name of Authorized Transporter of Oil		Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of Cas	singhead Gas 🔼 cr Dry Gas 🗌	Address (Give address to which appro	ved copy of this form is to be sent)
Tenneco Cil Company	Unit Sec. Twp. Age.	Suite 1200 Lincoln Toke Is gas actually connected? Wh	ver Bldg Denver, Colo.
If well produces oil or liquids, give location of tanks.	K 13 17 9	Yes	October 15, 1971
If this production is commingled with			<u> </u>
Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff, Resty,
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
WOL 5 6175	TUBING, CASING, AND	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & FUBING SIZE	DEFINITION	
·			
TEST DATA AND REQUEST F	OP ATLOWARIE (Test must be a	Ifter recovery of total volume of load oil	and must be equal to or exceed top allow
OIL WELL	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas la	ift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas-MCNOLL CO
0.40.1707	<u></u>		
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		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.

(Signature)

(Title)

(Jule)

or. Production Clerk

12/6/71

ON 9 1971 DEC

APPROVED

Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3 TITLE

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 velts.