NO. OF COPIES RECI	EIVED	1	1
DISTRIBUTION			
SANTA FE		1	
FILE		1	-
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	. /	
	GAS		
OPERATOR		3	
PRORATION OFFICE		$\prod$	
Operator			

6/13/74

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

I	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
}	FILE /	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Effective 1-1-65		
}	U.S.G.S.	AUTHORIZATION TO TRA	NSPURT OIL AND NATURAL	GAS		
ţ	IRANSPORTER OIL /		n K			
	GAS		16.1			
	OPERATOR 3					
1.	1. PRORATION OFFICE					
	Tenneco Oil Compa	*				
Address						
	Reason(s) for filing (Check proper box) New Well   Change in Transporter of:  New Yell   Change in Transporter of:					
	Recompletion	Oil Dry Ga	s 🔲	·		
	Change in Ownership	Casinghead Gas Conden	sate			
1	If the second of					
	If change of ownership give name and address of previous owner					
**	PECCEPTATION OF BIELL AND	T E ACE				
H.	DESCRIPTION OF WELL AND Lease Name	Wall No : Dool Name Including Fo	ormation Kind of Lea	17 01 00		
	Monument	2 Wildcat Un	les Sal. State, Feder	cal or Fee State L-0192 L-6515		
	Location					
	Unit Letter D; 80	O Feet From The North Lin	e and 800 Feet From	The West		
	Line of Section 16 To	waship 24N Range	10W , NMPM, Sa	an Juan County		
	Line of Section 10 Tox	waship Lift Trange				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
	Name of Authorized Transporter of Oil	or Condensate	i .	oved copy of this form is to be sent)		
	Thriftway, Inc. Name of Authorized Transporter of Car	singhead Gas Or Dry Gas O	Address (Give address to which appr	ton, New Mexico 87401.		
	None (Used for fuel)	singhedd dda 🗌 - Ci Diy dda 📋				
		Unit Sec. Twp. P.ge.	Is gas actually connected?	hen		
	If well produces oil or liquids, give location of tanks.	D 16 24N 10W				
	If this production is commingled wi	th 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 Res'v. Diff. Res'v.		
	Designate Type of Completic		The west states of the states			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	3/28/74	1/29/71 Name of Producing Formation	6190'	611:21		
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth 5394		
	6797' GR	Dakota ###	59641	Depth Casing Shoe		
•	Perforations 5964 - 5970 w/2 shots per ft.					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/);"	8-5/8"	365!	175		
	7-7/8"	5-1/2"	61901	925		
17	TEST DATA AND REQUEST F	OR ALLOWARLE (Test must be a	after recovery of total volume of load o	il and must be equal to or exceed top allow-		
Ψ.	OIL WELL	able for this d	epth or be for full 24 hours)	·		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tiji, etc.)		
	5/11/74 Length of Test	6/10/7L Tubing Pressure	Pump Casing Element	Choke Size		
	24 hrs.	I dbird Freezade				
	Actual Prod. During Test	Oil-Bble.	Mile Bile	Gas-MCF		
		10	60	TSTM		
		W/Tagath				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bb@ Ogndenagte/MMOF	Gravity of Condensate		
	Actual Float 1 date mon 7 B		N DIST 2 TV			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Scaling Pressure (Shut-in)	Choke Size		
VI	VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION			
			APPROVED APPROVED			
			Signed by Emery C. Allow			
			SUPERVISOR DIST. #3			
			TITLESTPERVISOR DIST. 20			
			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.			
	Spul Y	Regeral				
	Taul Lisie	nature)				
	Sr. Production	on Clerk	All sections of this form must be filled out completely for allow able on new and recompleted wells.			
	(Title) able on new and recompleted wells.					

able 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