HO. OF FOPIES RECE	14						
DISTRIBUTION				l			
SANTA FE							
FILE			V	ŀ			
U.S.G.S.							
LAND OFFICE							
TRANSPORTER	OIL						
	GAS	1					
OPERATOR							
PRORATION OF			L				
Operator							
Tenneco Oil Company							
Address				_			

12/13/73

(Date)

	SANTA FE	1	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110			
	FILE I L	REGUEST	AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (	SAS			
	LAND OFFICE	ACTIONIZATION TO THA	THE THE THE THE				
	IRANSPORTER OIL						
	GAS /	1					
	OPERATOR /	1					
1.	PRORATION OFFICE	]					
	Operator						
	Tenneco Oil Compan	y					
	Address			·			
	Suite 1200 Lincoln	Tower Bldg., Denver, Co	lorado 80203				
	Reason(s) for filing (Check proper box		Other (Please explain)				
	New We!l	Change in Transporter of:	THE THE TANK	3 OO!			
	Recompletion	Oil Dry Gas		ary 1, 1974			
	Change in Ownership	Casinghead Gas Conden	isate []				
	If change of ownership give name						
	and address of previous owner						
				Tiranilla Grut 110			
11.	I. DESCRIPTION OF WELL AND LEASE   Very continuous						
	State, Federal or Fee - 3 e						
	Jicarilla "A"	3   Basin Dakota		Indian			
	Location		000				
	Unit Letter A : 90	O Feet From The North Lin	e and 990 Feet From	The East			
		0(11	77				
	Line of Section 19 To	waship 26N Range 5	W , NMPM, F	Rio Arriba County			
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which appro	eved copy of this form is to be sent)			
	Name of Authorized Transporter of Oil	C. Condensato					
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas X	Address (Give address to which appro	eved copy of this form is to be sent)			
	1		1				
	Northwest Pipeline	Corporation   Twp.   Ege.		nington, New Mexico 87401			
	If well produces oil or liquids,		13 gas actuary commercial				
	give location of tanks.	A   19   26   5	<u></u>				
	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 transfer of the transfer o				
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded	Date Compt. Reddy to Frod.	Total Bopin				
	(0.5 0.40 0.5	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 011, 045 14,				
				Depth Casing Shoe			
	Perforations						
		TURING CASING AND	CEMENTING RECORD				
	101 5 6175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & FOUND SIZE					
		OR ALLOWARD E	for any of total values of land all	and must be equal to or exceed top allow-			
V.	TEST DATA AND REQUEST FOIL 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	ift, etc.)			
				COLL-IVE			
	Length of Teet	Tubing Pressure	Casing Pressure	Cher Kit I V LD			
	- •						
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	DEC 1 7 1973			
				DEC 17 1010			
		<u> </u>		OIL CON. COM.			
GAS WELL			Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
٠	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size			
***	CERTIFICATE OF COMPLIAN	CF	OIL CONSERV	ATION COMMISSION			
VI. 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.		APPROVED FEB 7 1974 Original Signed by A. R. Kendrick					
					BY		
					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		
	(Signature)		il tasts taken on the well in acc	tests taken on the well in accordance with RULE !!!.			
Production Clerk (Title)			All sections of this form m	ust be filled out completely for allow-			
			able on new and recompleted	T W 1 1 2 1			

All sections of this form must be lifted out completely to allow 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