Form C-104 NEW MEXICO OIL CONSERVATION COMMISSION Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE IRANSPORTER : GAS OPERATOR PROBATION OFFICE Tenneco Cil Company P. O. Box 1714, Durango, Colorado Reason(s) for filling (Chrok proper box) tiew Well Other (Please explain) Change in Transporter of: Effective First Delivery Dry Gas Oil Ledampletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Federal Basin Dakota Jicarilla "A" 7 State, Federal or Fee Location 900 West : 1595 Feet From The South Line and Feet From The 26N Range Rio Arriba Line of Section 17 ____ Township ___5W ___ , NMPM, DESIGNATION OF TRANSPORTER OF OHL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil or Condensate X P. O. Box 328, Farmington, New Mexico Rock Island Oil and Refining Address (Give address to which approved copy of this form is to be sent) 1.1. orized Transporter of Casinghead Gas of Dry Gas X P. O. Box 990, Farmington, New Mexico Tl Paso Natural Gas Company It well produces oil or liquids, Unit Is gas actually connected? Sec. : 17 P.ge. 5 On Approval i 26 No give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. New Well Workover Gas Well Oil Well Designate Type of Completion - (X) X P.B.T.D. Date Compi. Ready to Prod. Date Spudded Total Depth 7637 10/7/66 7670 7/29/66 Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 7603 7508 6681 Gr. Basin Dakota Depth Casing Shoe Perforations 7670 7587-7508 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE 12 1/4" 200_sx 8 5/8" 413 7 7/8" 4 1/2" <u> 7670</u> 900 sx (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 4 hours of the contract of THST DATA AND REQUEST FOR ALLOWABLE ON, WALL Producing Method (Flow, Jume, ego lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casina P Tubing Pressure Langth of Test Water - Bh Oil-Bbls. Actual Pron. During Test Bbls. Condensate/MMCF Gravity of Condensate Length of Test 3 hrs. Choke Size Casing Pressure Tubing Pressure Teating Method (pitot, back pr.) 3/4" AOF Buck Pr. OIL CONSERVATION COMMISSION a. Certificate of compliance

hereby certify that the rules and regulations of the Oil Conservation Commission, have been complied with and that the information given above in true and complete to the best of my knowledge and belief.

(Date)

Turold C. Misuolesignature,

Senior Production Clerk

11/29/66

DEC 12 1966 APPROVED_ BY Original Signed by Emery C. Arnold

County

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.

II. III, and VI for changes of owner, Fill out a de well man