١	NO. UF COPIES RECEIVED				<u> </u>		
	DISTRIBUTION					1	
-	SANTA FE					1	
	FILE			7	-	7	
	u.s.g.s.						
	LAND OFFICE						
	TRANSPORTER	01	L	=I			
	GAS		\s	\mathcal{I}		7	
ļ	OPERATOR			\mathcal{I}			
.	PRORATION OFFICE						
	Operator						
	Tenned	Со	mpa	ın			
Ì	Address						
	720 Sc				_	_	
	Reason(s) for filing (Check proper box)						
	Man Wall	IXI					

-	SANTA FE		FOR ALLOWABLE	Supersedes	Form C-104 Supersedes Old C-104 and C					
	FILE /	Ŧ	AND		Effective 1-1-65					
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	L GAS						
	TRANSPORTER OIL									
	GAS			API 30-039-2	1642					
	OPERATOR /	_		APT 30-035-4	1072					
1.	PRORATION OFFICE Operator									
	Tenneco Oil Company									
	720 So. Colorado Blvd., Denver, Colorado 80222									
	Reason(s) for Isling (Check proper box) Other (Please explain)									
	New We!!	Change in Transporter of:								
	Change in Ownership	Recompletion Oil Dry Gas Condensate Condensate								
	If change of ownership give name									
	and address of previous owner									
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F		09-000108						
	Jicarilla "C" 6-A Mesa Verde		I	leral or Fee Federal	Lease No.					
	Location				I					
	Unit Letter A ; 1150 Feet From The North Line and 790 Feet From The East									
	Line of Section 14 To	ownship 26-N Range	5-W , NMPM, Rio	Arriba	County					
III.		TER OF OIL AND NATURAL GA								
	1	ame of Authorized Transporter of Oil or Condensate X Address (Give address to which approved co								
	Plateau, Inc. Name of Authorized Transporter of Ca	ssingh s ad Gas or Dry Gas [X]	Box 108, Farmington, Address (Give address to which ap	<u>New Mexico 8/4</u> proved copy of this form in	Mexico 8/401 copy of this form is to be sent)					
	Northwest Pipeline	Corp	Box 90, Farmington,	New Mexico 8740	Mexico 87401					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When							
	give location of tanks.	A 14 26N 5W	l No	ASAP						
١٧.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA									
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same I	Restv. Diff. Restv					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	12/13/78 Elevations (DF, RKB, RT, GR, etc.)	4/22/79 Name of Producing Formation	6243' Top Oil/Gas Pay	6165 Tubing Depth						
	7208' GR	Mesa Verde	5514'	6077'						
	Perforations Depth Casing Shoe									
	42 holes from 5819'	- 6058'; 30 holes from !	5514' - 5561' CEMENTING RECORD							
	HOLE SIZE CASING & TUBING SIZE		DEPTH SET	SACKS C	SACKS CEMENT					
	12 1/4"	8 5/8"	232'	250						
	7 7/8"	4 1/2"	62231	1810						
	7 7/8"	2 3/8"	6077'							
					1. 11					
٧.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL OUT TO Tanks OIL WELL OUT TO Tanks Out of Test									
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)							
	Length of Test	Tubing Pressure	Casing Pressy	Choke 9124						
			Water-Blue	Gad-MCF	1					
	Actual Prod. During Test	Oil-Bbla.	1011		1010					
ı	GAS WELL Actual Prod. Tool-MCF/D 4033 Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (with the content of th									
	Actual Prod. Test - MCF/D	Length of Test	i Bhia. Contangua AMEE CT.	Gravilly & Condent						
	4033	3 hrs.	Olf Dis) and	All the second					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			المتستعة المتستعة					
	back pressure	940	940	3/4"						
VI.	CERTIFICATE OF COMPLIAN	CE		JN 4 1979						
	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	Original Signed by A. R. Kendrick 19						
			BY Original Signed by A. 111 SUPERVISOR DISTRICT # 3							
			SUPERVISOR DISTRICT # TITLE							
	A 1 - 1		This form is to be filed in compliance with RULE 1104.							
	Casher Ma	TRIN	realistic a sequent for allowable for a newly drilled or deepens							
	7	ature)	well this form must be accom-	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
	Administrative Super		All sections of this form must be filled out completely for allow							
	5/16/79	•	able on new and recompleted wells.							
		ate)	well name or number, or transp	orter, or other such chi	sude of cougition					
			Separate Forms C-104 must be filed for each pool in multiple							