1.	DISTRIBUTION SAPTA FE FILE U.S.G.S. LAND OFFICE OPERATOR PRORATION OFFICE OPERATOR PRORATION OFFICE OPERATOR OPERATOR			Supersedes Old C-101 and C-1. Effective 1-1-65
	Tenneco Oil Company			
	Suite 1200 Lincol Recoon(s) for filing (Check proper box, New Well Recompletion Change in Ownership	n Tower Bldg Denver, Change in Transporter of: Oil Dry Go Casinghead Gas Conder	Other (Please explain) Change of author condensate only.	
	If change of ownership give name and address of previous owner			
II.	~ /	Well No. Pool Name, Including F	State, Federal	l or Fee
tri	DESIGNATION OF TRANSPORT			S / / / / De County
	Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks.	or Condensate	P. O. Roy 108 - Farm Address (Give address to which approx Address (Give address to which approx Is gas actually connected? Who	ington, Now Monico ed copy of this form is to be sent)
IV.	f this production is commingled with that from any other lease or pool, give commingling order number:			
	Designate Type of Completion - (X) Oil Well 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 O!I/Gas Pay	Tubing Depth
	Perforations			Depth Casing Slice
	TUBING, CASING, AND CEMENTING RECORD		market of the second	
	HOLE SIZE	CASING & TUBING SIZE	, DEPTH SET	MAIN 20 THO
.,	Priora D. Ira L. AMB DECATEOR D			
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must regulate or exceed together of the for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	O(1-B5)s.	Water-Bbln.	Gcs-MOF
	GAS WELL			
	Actual Prod. Test-MOF/D	Length of Test	Bbls. Condensate/MMOF	Gravity of Condensate
	Testing Mothed (pitot, back pr.)	Tubing Prosoure (Shub-in)	Casing Pressure (Shvi-in)	Choko Size
VI.	CERTIFICATE OF COMPLIANCE		OH CONSERVA	TION COMMISSION

MAR 2 0 1970

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.

BY Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

This form is to be filed in compliance with AULE 1104.

If this is a request for allowable for a newly drilled or described well, this form must be accompanied by a tabulation of the deviced tests taken on the well in accordance with nucle 111. All excitons of this form must be filled out completely for all an new and remark tested within

Sr. Production Clark

(Tille)

G. A. Ford