HO. OF COPIES REC	1		
DISTRIBUTE			
SANTA FE	1		
FILE	1		
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION

	FILE /	HEQUES!	FOR ALLOW	ABLE	Supersedes Oli Effective 1-1-6	C-104 and C-11			
	U.S.G.S.	AUTHORIZATION TO TR	AIND						
	LAND OFFICE	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
٠,	TRANSPORTER OIL	1			1) 10				
	GAS	7			101				
	OPERATOR /]							
1.	PRORATION OFFICE								
	Operator					· · · · · · · · · · · · · · · · · · ·			
	Tenneco Oil Compan	У							
		In Toyon Dudlidan Dawn							
	Reason(s) for filing (Check proper box	<u>ln Tower Building, Denve</u>	Cr. Colorado 80203 Other (Please explain)						
	New Well	Change in Transporter of:	Office (1 sease explain)						
	Recompletion	Oil Dry G	as		•				
	Change in Ownership	Casinghead Gas Conde	ensate 📗						
	If change of ownership give name								
	and address of previous owner								
		*N00-C-14-20-3620							
H.	DESCRIPTION OF WELL AND	Well No.: Pool Name, Including F	Formation 1	NUU-U-I					
	Arroyo Com	1 Wildcat L	V. A.		or FeelIndian	Lease No.			
	Location	Jac	egra-Ja	aup ou	or coping ran				
	Unit Letter C : 1180	Feet From The North Li	1500'	Feet From T	West				
		reet from theLi	na und	reet rom T	he	·····			
	Line of Section 25 Tox	waship 26N Range 1	12W	, NMPM, San J	uan	County			
III.	DESIGNATION OF TRANSPORT		AS	- , , - 					
	Name of Authorized Transporter of Oil	or Condensate	Ł		ed copy of this form is to	•			
	Thriftway Name of Authorized Transporter of Cas	singhead Gas or Dry Gas			n, New Mexico				
		and and Gas or Dry Gas	Address (Give	taaress to which approve	ed copy of this form is to	o de sent)			
	N/A 15 well and and an liquida Unit Sec. Twp. Rgs. Is gas actually connected? When								
	If well produces oil or liquids, give location of tanks.	C 25 26 12	N/A	connected? when					
	<u> </u>	1		<u> </u>	N/A				
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingli	ng order number:					
		Oil Well Gas Well	New Well Wo	orkover Deepen	Plug Back Same Res	v. Diff. Resiv.			
	Designate Type of Completic	$on - (X) \mid X$	X		, , , , , , , , , , , , , , , , , , ,				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
	12/30/73	3/19/74	6010'		5154'				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Po		Tubing Depth				
	6089 GR	Gallegos Gallup	4922	1	47261				
	4922 - 4943 , 494	4922' 4943', 4947' - 4954', 4956 - 4959' TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	· · · · · · · · · · · · · · · · · · ·	PTH SET	SACKS CEM	ENT			
	12-1/4"	8-5/8"	· · · · · · · · · · · · · · · · · · ·	624	300 sx C1 "A"				
	7-7/8"	5-1/2"		154	80 sx 50/50				
					105 sx C1 "A"				
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	after recovery of to	tal volume of load oil a	nd must be equal to or e	xceed top allow-			
	OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full	24 hours) od (Flow, pump, sos life					
				of (Flow, pump, post					
	6/3/74 Length of Test	6/3/74 Tubing Pressure	Pump Casing Pressur	- / XLI	Choke Size	-			
	24 Hours								
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	UUN	Gae-MCF				
		5	Non	è / 011 05	TSTM				
		OIL COM.							
	GAS WELL	0131, 3							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condenso	te/MMCF	Grant of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressur	, (Shut-in)	Choke Size				
į		<u> </u>	 		<u></u>				
VI.	CERTIFICATE OF COMPLIANCE	CE		OIL CONSERVA	TION COMMISSION	1			
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		APPROVE	, J	UN 2 1 1974	19			
			APPROVED JIN 2 1 1974 , 19						
	above is true and complete to the	best of my knowledge and belief.	Original Signed by Emery C. Arnold SUPERVISOR DIST. #3						
				TITLE					
<		> /	This form is to be filed in compliance with RULE 1104.						
	Taul Signa	Il ments this fo	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						
	Sr. Production Clerk	10	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-						
	(Tit	le)	All sect	ions of this form mus and recompleted wel	t os illied out comple lis.	rath for sitom.			
	June 19, 1974	The state of the s			Fill out only Sections I. H. III. and VI for changes of owner,				
	(Da	te)	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply						
			Separate	Forms C-104 must	ne med for each po	or ru marribia			