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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Tenneco Oil Company	
Address P. O. Box 1714, Durango, Colorado 81301	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Effective first delivery
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warren Com.	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed	Lease No. SF 077123
Location Unit Letter K ; 2310 Feet From The South Line and 1850 Feet From The West				
Line of Section 13 Township 28N Range 9W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Rock Island Oil and Refining	P. O. Box 1528, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
K 13 28N 9W	No On Approval

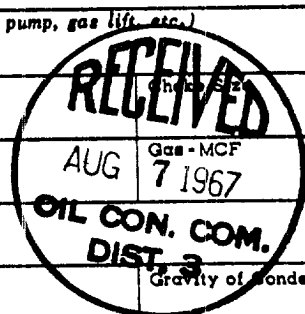
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 11/2/66	Date Compl. Ready to Prod. 8/1/67	Total Depth 6870	P.B.T.D. 6800					
Elevations (DF, RKB, RT, GR, etc.) 5852 Gr.	Name of Producing Formation Dakota	Top Oil/Gas Pay 6594	Tubing Depth 6758					
Perforations 6594-6697			Depth Casing Shoe 6850					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8	824	380					
7-7/8	4-1/2	6850	300 sx 1st stage					
			150 sx 2nd stage					
	2-3/8	6758	300 sx 3rd stage					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 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	Oil - Bbls.	Water - Bbls.	Gas - MCF
			7 1967
GAS WELL			
Actual Prod. Test-MCF/D 3111	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 1141	Casing Pressure (Shut-in) 1276	Choke Size 3/4



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.

M. K. Wagner
M. K. Wagner (Signature)

(Title)

8/4/67

(Date)

OIL CONSERVATION COMMISSION
AUG 7 1967
APPROVED _____
Original Signed by Emery C. Arnold
BY _____
TITLE SUPERVISOR DIST. #3

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.

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 completed wells.