NO. OF COPIES RECEIVED		6	
DISTRIBUTION			
SANTA FE		1	
FILE		1	ايب
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	J	
OPERATOR		2	
PRORATION OFFICE			
Operator		*****	
Tenneco	Oil	Comp	any
Address			

1.

NEW MEXICO OIL CONSERVATION COMMISSION Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS P. O. Box 1714, Durango, Colorado 81301 Reason(s) for filing (Check proper box) Other (Please explain) \square New Well Change in Transporter of: Effective first delivery Recompletion Dry Gas Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation State Com. "E" State, Federal or Fee Comm. 6 Basin Dakota Location 1795 Feet From The South Line and 1520 Feet From The East Unit Letter 32 27N 8W San Juan Township Range NMPM. County Line of Section Address (Give address to which approved copy of this form is to be sent) Rock Island Oil and Refining P. O. Box 328. Farmington, New Mexico.
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀 El Paso Natural Gas Company P. O. Box 990, Farmington, New Mexico Is gas actually connected? If well produces oil or liquids, give location of tanks. Twp. Unit . 8 27 No On Approval If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Plug Back Same Restv. Diff. Restv. Oil Well Gas Well Designate Type of Completion - (X) X Total Depth Date Compl. Ready to Prod. 4/3/67 7240 7239 6/1/67 Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 6990 Gr. Basin Dakota 6996 7189 Depth Casing Shoe Perforations 7240 6996-7204 Dakota TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 10-3/4 723 400 15 9-5/8 7-5/8 2829 310 475 4-1/2 7240 6-3/4 7189 2-3/8 must be equal to or exceed top allow-(Test must be after recovery of total voluable for this depth or be for full 24 hours V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Producing Method (F) Date of Test Casing Pressure Length of Test Tubing Pressure Water - Bbis. Oil-Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Length of Test Bbls. Condensate/MMCF Actual Prod. Test-MCF/D 3889 3 hrs Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 3/4 1302 1873 Back Pr. JUL 17 967 VI. CERTIFICATE OF COMPLIANCE APPROVED Original Signed by Thery C Arnold 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. 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 despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

M. K. Thanes
M. K. Wagustnature)
(Title)

July 14, 19(Jate)

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.