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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS 1
OPERATOR	2
PROBATION OFFICE	

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	1860 Lincoln St., Suite 1200, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change In Transporter of:	Workover on SI well in same Reservoir
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

* 077383

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Davidson B	Well No. 1	* Pool Name, including Formation Fulcher Kutz, P.C.
Kind of Lease State, Federal or Fee		Federal
Location		
Unit Letter G	1612 Feet From The North	Line and 1700 Feet From The East
Line of Section 28	Township 28N	Range 10 West
		NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			
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)		
Southern Union Gathering Co.	P. O. Box 398, Bloomfield, New Mexico 87413		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.
			Pge.
Is gas actually connected?		When	
No		June, 1977	

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

COMPLETION DATA							
Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.
							Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations				Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL				<i>(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)</i>			
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			

GAS WELL			
Actual Prod. Test-MCF/D 562 AOF	Length of Test 3 Hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Water (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 230	Casing Pressure (Shut-in) 230	Choke Size None

C. 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.

[Signature]
 Division Production Manager
 (Title)
 5/27/77
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Original Filed by A. R. [Signature]

TITLE _____

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