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U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	. /		
	GAS			
OPERATOR		2		
PRORATION OFFICE				

	REQUEST FOR ALLOWABLE AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATU			Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 AL GAS			
	IRANSPORTER OIL / GAS  OPERATOR PROPATION OFFICE			API 30-045-23272			
1.	Operator Tenneco 0il Comp	anv					
	Address						
	Reason(s) for filing (Check proper box	720 So. Colorado Blvd., Denver, Colorado 80222  cason(s) for filing (Check proper box)  Other (Please explain)					
	New Well Recompletion	Change in Transporter of: Oil Dry Go					
	If change of ownership give name	Casinghead Gas Conde	nsate				
	and address of previous owner						
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including F	Formation Kind of Le				
	Lackey	1 Dakota	State, Fede	eral or Fee Federal *			
	, — · · ·	5 Feet From The North Lir	ne and 1450 Feet Fro	m The <u>East</u>			
	Line of Section 23 To	waship 28-N Range 9	)-W , NMPM, San	Juan County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which app	proved copy of this form is to be sent)			
	Permian, Corp.		1700 Broadway, Denver, Co. 80290				
			Address (Give address to which approved copy of this form is to be sent)  Box 990, Farmington, New Mexico 87401				
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When			
	give location of tanks.	G 23 28N 9W th that from any other lease or pool,	NO	ASAP			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Completion		X Total Depth	P.B.T.D.			
	Date Spudded 1/14/79	4/22/79	7080'	7070'			
	6189' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6868'	Tubing Depth 6882			
	Perforations 61 holes from 6868'-	7056'		Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE 9 5/8"	274'	SACKS CEMENT			
	13 3/4" 7 7/8"	9 5/8"	7080'	190 2 <del>50</del> /325			
	7 7/8"	2 3/8"	68821	230_73-0			
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load o	vil and must be equal to or exceed top allow-			
•	OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test						
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	God-MCR			
	GAS WELL			1 1 2 9 12 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	3538 Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure(shut-in)	Casing Pressure (Shut-in)	Choke Size			
	back pressure	1965	2000	/ATION COMMISSION			
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.		OIL CONSERVATION COMMISSION  MAY 3 1 1070  BY Original Signed by A. R. Kendrick  SUPERVISOR DISTRICT # 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 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. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.					
					Administrative Supervisor		
(Date)							

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