

W. J. ...
 Form 7
 1/18/79
 State of New York
 Department of Conservation

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE: _____
 COUNTY: _____
 TOWN: _____
 RANGE: _____
 SECTION: _____
 TRANSPORTER: Oil
Gas /
 OPERATOR: _____
 REGISTRATION OFFICE: _____

I. OPERATOR
 Operator: Tenneco Oil Company
 Address: 720 S. Colorado Blvd., Denver, CO 80222
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Gas Condensate
 Other (Please explain): _____
 If change of ownership give name and address of previous owner: Palmer Oil and Gas Co., P.O. Box 2564, Billings, MT 59103

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: Federal Well No.: 2 Well Name, including Formation: Blanco Mesa Verde Kind of Lease: Federal Lease No.: NM-2874
 Location: Unit Letter: G; 1620 Feet From The North Line and 1850 Feet From The East
 Line of Section: 10 Township: 31N Range: 7W, NMPM, San Juan County: _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent): _____
 Name of Authorized Transporter of Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent): Northwest Pipeline Corporation, P.O. Box 1526, Salt Lake City, Utah 84110
 If well produces oil or liquids, give location of tanks: _____ Unit: _____ Sec.: _____ Twp.: _____ Rge.: _____ Is gas actually connected? Yes When: 11/16/77

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil well Gas well New well Workover Deeper Plug Back Same Rest. Diff. Rest.
 Date Spudded: _____ Date Compl. Ready to Prod.: _____ Total Depth: _____ P.B.T.D.: _____
 Elevations (DF, RKB, RT, GR, 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

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 all able 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: _____
 GAS WELL
 Actual Prod. Test-MCF/D: _____ Length of Test: _____ Bbls. Condensate/MCF: _____ Gravity of Condensate: _____
 Testing Method (pucc, back pr.): _____ Tubing Pressure (Ehst-in): _____ Casing Pressure (Ehst-in): _____ Choke Size: _____

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.

 Signature
 Administrative Supervisor

OIL CONSERVATION COMMISSION
 APPROVED: JAN 1 1978
 Original: _____ CHARLES SHOLSON 19
 BY: _____
 TITLE: DEPUTY OIL & GAS INSPECTOR, 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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all able on new and recompleted wells.
 Fill out only Sections I, II, III, and IV for changes of own well name or number, or transporter or other such change of condit Concrete Form 7-104 must be filed for each well in this