DISTRIBUTION SANTA FE							
SANTA FE							
FILE							
U.S.G.S.							
LAND OFFICE							
IRANSPORTER OIL							
GAS							
OPERATOR							
PROBATION OFFICE							
Tenneco Oil Comp							

	SANTA FE FILE	-	FOR ALLOWA		Supersedes Old C-104 and C-11 Effective 1-1-85		
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL	AND NATURAL GA	us		
	TRANSPORTER GAS OPERATOR		 				
1.	PRORATION OFFICE Operator		:				
	Tenneco Oil Company						
	P.O. Box 3249 En Reason(s) for filing (Check proper box)	glewood, CO 80155	Other	(Please explain)			
	New Well	Change in Transporter of:					
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	sate X				
	If change of ownership give name and address of previous owner	-					
n.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, including Fo	ormation	Kind of Lease	Lease No.		
	Bassett B	1 Blanco Mes	averde	State, Federal	or Fee Federal NM-03998		
	Location Unit Letter E ;	1720Feet From The North Line	• and950	Feet From T	h•West		
		nahip 30N Range	10W	, NMPM,	San Juan County		
ttt	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S :				
	Name of Authorized Transporter of Oil Gary Energy Corporatio	or Condensate 💢	Address (Give		glewood, CO 80112-5591		
	Name of Authorized Transporter of Cas El Paso Natural Gas	inghead Gas or Dry Gas 💢		•	ed copy of this form is to be sent) ington, N. M. 87401		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually				
	give location of tanks. If this production is commingled with	E 30 33N 33W h that from any other lease or pool,	give commingli	ng order number:	•		
	COMPLETION DATA	Oil Well Gas Well		orkover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completio	n — (A) Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
		Name of Producing Formation	Top Oil/Gas P	·	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producting Fatination	1.00 0.17 0.17		Depth Casing Shoe		
	Perforations				Depth Cusing shoe		
	HOLE SIZE	TUBING, CASING, AND		RECORD PTH SET	SACKS CEMENT		
	MOLE SIZE	CASING & LOSING CITE					
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	pth or be for full	24 hours)	and must be equal to or exceed top allow-		
	Date First New Oil Run To Tanks	Date of Teet	Producing Meth	DECE			
	Length of Test	Tubing Pressure	Casing Pressu	u u	Choke Size		
	Actual Prod. During Test	Oil-Bble.	Water - Bble.		God - MCF		
		<u> </u>	<u></u>	OIL CON. DIST. 3			
	GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condens		Gravity of Condensate		
		Tubing Pressure (Shut-is)	Casing Pressu	re (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)						
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 the compliance of the Oil Conservation of the Oil Conserv			N	TION COMMISSION 10V 1,1984,		
			APPROVE	Frank	50		
	Administrative Supervisor (Title) 10/10/84			TITLE SUPERVISOR DISTRICT IS			
				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			