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| SANTA FE              |     |
| FILE                  |     |
| U.S.G.S.              |     |
| LAND OFFICE           |     |
| TRANSPORTER           | OIL |
|                       | GAS |
| OPERATOR              |     |
| REGISTRATION 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-  
Effective 1-1-63

Operator  
TENNECO OIL COMPANY

Address  
BOX 3249, ENGLEWOOD, CO 80155

Reason(s) for filing (check proper box) Other (Please explain)

|                     |                          |                           |                                     |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well            | <input type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion        | <input type="checkbox"/> | Oil                       | <input type="checkbox"/>            |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/>            |
|                     |                          | Dry Gas                   | <input type="checkbox"/>            |
|                     |                          | Condensate                | <input checked="" type="checkbox"/> |

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                       |                 |                                                |                          |                        |
|-----------------------|-----------------|------------------------------------------------|--------------------------|------------------------|
| Lease Name<br>Moore C | Well No.<br>2   | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>Federal | Lease No.<br>SF-078147 |
| Location              |                 |                                                |                          |                        |
| Unit Letter<br>F      | : 1595          | Feet From The North                            | Line and 1830            | Feet From The West     |
| Line of Section<br>26 | Township<br>32N | Range<br>12W                                   | N.M.P.M.                 | San Juan County        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| GIANT REFINING CO.                                                                                                       | BOX 256, FARMINGTON, NM 87401                                            |
| 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) |
| El Paso Natural Gas                                                                                                      | Box 990, Farmington, NM 87401                                            |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit : Sec. : Twp. : Rge. : Is gas actually connected? : When            |
|                                                                                                                          | F : 26 : 32N : 12W : YES :                                               |

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

IV. COMPLETION DATA

|                                      |                             |                 |              |          |        |           |           |            |
|--------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-----------|------------|
| Designate Type of Completion - (X)   | Oil well                    | Gas well        | New well     | Workover | Deepen | Plug back | Same Feet | Diff. Feet |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     | P.S.T.D.     |          |        |           |           |            |
| Elevations (DF, RKE, RT, CR, etc.)   | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |          |        |           |           |            |
| Perforations                         | Depth Casing Shoe           |                 |              |          |        |           |           |            |
| TUBING, CASING, AND CEMENTING RECORD |                             |                 |              |          |        |           |           |            |
| MOLE 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 allowable 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                               | Cross Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

GAS WELL

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D         | Length of Test            | Stem. Condensate/MCF      | Gravity of Condensate |
| Testing Method (pump, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Cross 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.

Denise Wilson  
(Signature)  
PRODUCTION ANALYST  
(Title)  
AUGUST 1, 1982  
(Date)

OIL CONSERVATION COMMISSION  
AUG 16 1982

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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 conditions.  
Separate Forms C-104 must be filed for each pool in multi-comparted wells.