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FANTA FE FILE U.S.G.S. LAND DFFICE

DISTRIBUTION

TRANSPORTER DIL

C _ CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

S.A.
AUTHORIZA

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DPERATION PROBATION OFFICE	AUTHORI	ZATION 10	TRANSI	PORT OIL AND NA	ATURAL GA	S 				
Operator M. C.	G Oil, In	2								
Address P1 &	<u>G 0117 111</u>									
P.O. Box 957 Crossroads, New Mexico 88114 Resson(s) for filing (Check proper box) New Well Change in Transporter of: Change in ownership only Recompletion Dry Gas Effective 3-13-85 Change in Ownership X Casinghead Gas Condensate										
If change of ownership give name	Tenneco O	il Compar	7º	90 IH-10 West	. San Ar	ntoni	o. Texas	7823	0	
and address of previous owner		11 Compan	<u> </u>	20 111 10 HCD					<u> </u>	
Lease Name Coll Federal Comm.	Kind of Lease State, Federal			or F. Federal 0149818						
Location Unit Letter B : 660	Feet From		n Penn Th	• and 1980	Feet F	tom Th	• East			
Olit Letter	waship 9		lange		мрм,	Lea			County	
DESIGNATION OF TRANSPORT	TER OF OIL	AND NATU	RAL GA	S			d some of this for	m is to	he seat)	
Name of Authorized Transporter of Oil Amoco Pipeline Comp	Address (Give address to which approved copy of this form is to be sent) 76102 200 West 7th, Suite 2300, Fort Worth, Texas									
Name of Authorized Transporter of Cas	Address (Give address to which approved copy of this form is to be sent)									
Warren Petroleum Co		Twp.	Rqe.	P.O. Box 1589 Tulsa, Oklahoma 74102					· · · · · · · · · · · · · · · · · · ·	
If well produces oil or liquids, give location of tanks.	В 8	9S	35E	Yes		1	1969			
If this production is commingled wit COMPLETION DATA	·		or pool,	give commingling o			Plug Back San	ne Res'v	. Diff. Restv	
Designate Type of Completion		1		! ! ! !	 		! !		' '	
Date Spudded	Date Compl. Re	eady to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oll/Gas Pay			Tubing Depth			
Perforations							Depth Casing Sh	D e		
10. E 017.					CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET						
	<u> </u>									
TEST DATA AND REQUEST FO	OR ALLOWAR	BLE (Test	must be of for this de	ster recovery of total pth or be for full 24 f	tours)			to or exc	eed top allow	
Date First New Oil Run To Tanks	Date of Test		-	Producing Method (as lift,	, etc.)				
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil-Bble.			Water-Bbls.			Gas-MCF			
GAS WELL	I				<u> </u>					
Actual Prod. Test-MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
CERTIFICATE OF COMPLIANCE	CE .			Oil			ON DIVISION	j		
I hereby certify that the rules and r	egulations of t	he Oil Cons	ervation	APPROVED_			8 1985)	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				BY DISTRICT SUPERVISOR						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		_		TITLE	DI31	ret 1	PUPERAROK			
Jam, Grossbeck (Signature)				This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.						
Vice President (Tills)				All sections of this form must be filled out completely for allowable on new and recompleted wells.						
3-13-85 (Date)				Fill out only Sections I, II, III, and VI for changes of owners well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple.						
•				Separate P completed wells		wwt	~- ***** *** ***			