NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO DIL CONSERVATION COM-Form C-104 SANTA FE REQUEST FOR ALLOWABLE -persedes Old C-104 and C-1 FILE Effective 1-1-65 AND U.S.G.S AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PROPATION OFFICE Tenneco Oil Company 720 So. Colorado Blvd., Denver, Colorado 30222 Reason(s) for filing (Check proper box) Other (Please explain) New Well Thange in Transporter of: Recompletion Oil Casinghead Gas X Change in Ownership ndensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND I EASE | Fell No. | Fool Name, Including Formation Kind of Lease Deen 1 Vada Penn State, Federal or Fee Fee Lecation 1980 Feet From The South Line and 1930 Unit Letter East Feet From The Township 9S 36E Line of Section NMPM. III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Cities Service Company Box 300, Tulsa, Oklahoma 74102 Unit Sec. If well produces oil or liquids, give location of tanks. Twp. Bae. is gas actually connected? If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA New Well Workover Deepen Same Res'v. Diff. Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready 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 Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Freesure Choke Size Actual Prod. During Test On-Bhis. Water - Shis. Gas-MOF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Fress we (Shut-in) Cosing Pressure (Shut-in) Choke Stre OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED PEL 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. Orig. Signed by BY_

(Signature) Division Production Manager

(Title)

26-

Lease No.

County

Les Cir. Oil & Gas Loup 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 191.

All sections of this form must be filled out completely for allow able 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

RECEIVED

FEB 3 1976

OIL CONSERVATION COMM.