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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMIS. Form C+104		
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-105 and C-1		
FILE		AND	Effective 1-1-55
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	CAS
LAND OFFICE		AND ON FOR AND NATURAL	GM3
TRANSPORTER GAS			
OPERATOR	┥		•
PRORATION OFFICE	-		•
Operator	1 2		
Tenneco Oi	1 (10000		
Address	1 mpshy		
Passala Va (1) - (1) - (1) - (1)	1, 11/10/2012 /E	XOS	
Reason(s) for filing (Check proper box	.,	Other (Please explain)	Purchoser effective
	Change in Transporter of:		ranchesel ettechive
Recompletion	OII Dry Ga	as 10/26/70	
Change in Ownership	Casinghead Gas Conde	insate	
If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Legse Name	LEASF: Well No. Pool Name, Including F		
0 1	1 1 1 1 1 1 1	,	
Hocation	(om 1) V2012 (FO	State, (Fede	0149 815
Unit Letter J : 19	80 Feet From The South Lir	ne and Feet From	The East
Line of Section 9 To	wnship 95 Range	35E , NMPM,	LEN County
	TER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
Mobil Pipe Line	? (rmpony	Dox 900, Dallas	Texas - 75221
Name of Authorized Transporter of Ca	singhead Gas Tory Gas T	Address (Give address to which appr	oved copy of this form is to be sent)
Worren 1etro.	leun Co.	Box 1589 Tuled 1	Kahama
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 9 95 351=	Is gas actually connected? W	9/15/70
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	,	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Completion	on = (X)	1	Trug Back Same Hes V. Bitt. Nes V
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
•		1 3 3 3 5 7 11	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
, , , , , , , , , , , , , , , , , , ,			Tubing Dept.
Perforations			Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u> </u>	1	<u> </u>
TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours)	l and must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF
•			<u></u>
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE

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H.

V.

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.

Carley Hattins
Sr. Prod. (Signature)
10/23/70 (Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED HOTEL TO

This form is to be filed in compliance with RULE 1104.

If this is a request for silowable for a newly drilled or despened 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 walls.

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

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OIL CONSERVATION COUNT.