	-			
NO. OF COPIES RECEIVED				
SANTA FE	NEW MEXICO OLL CONSERVATION COMMISSIC.		Form C-104 Supersedes Old C-104 and C-110	
FILE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-10 AND Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	-		•	
TRANSPORTER GAS				
OPERATOR	-			
PRORATION OFFICE				
Operator				
Tenneco Oil Company			·	
P. O. Box 1031 Midla	nd, Texas 79701			
Reason(s) for filing (Check proper box		Other (Please explain)	· · · · · · · · · · · · · · · · · · ·	
New Well	Change in Transporter of:		513	
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden		1	
If change of ownership give name and address of previous owner	Kern County Land Company	y <u>418 First State Bank,</u>	Midland, Texas	
DESCRIPTION OF WELL AND	LEASE	e, Including Formation	Kind of Lease	
Lease Name		Į.	TAX Federal CXXX	
Federal 26 N	M 0108997-A 2 Char	veroo, San Andres 🗛 🗛		
Unit Letter L , 198	O Feet From The South Line	e and <u>660</u> Feet From Th	west	
Line of Section 26 To	wnship 7S Range	33E , NMPM, ROOS	evelt County	
DESIGNATION OF TRANSDOR	TER OF OIL AND NATURAL GA	S		
Name of Authorized Transporter of Of		Address (Give address to which approve	d copy of this form is to be sent)	
Mobil Pipe Line Co.		Box 900 Dallas, Texas		
Name of Authorized Transporter of Ca	singhead Gas XX or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent)	
Cities Service Oil Co		Cities Service Bldg.,		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ree.	Is gas actually connected? When		
	J 26 78 33E		<u>fune 7, 1965</u>	
If this production is commingled wincompletion DATA	th that from any other lease or pool, g	give commingling order number:		
Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	1		P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
HOLE SIZE	CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT	
	<u> </u>	<u> </u>		
TEST DATA AND REQUEST F	OR ALLOWAELE (Test must be af able for this de	ter recovery of total volume of load oil an pth or be for full 24 hours)	nd must be equal to or exceed top allow-	
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 Pressure	Choke Size	
		Water-Bbis.	Gas - MCF	
Actual Prod. During Test	Oil-Bbls.	wdter - DDIS.	Gusemon	
		L1		
GAS WELL				
Actual Frod. Test · MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Chaba Star	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TON COMMISSION	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19	
Commission have been complete with and that the information given above is true and complete to the best of my knowledge and belief.		BY The tames		
BOOVE IS TRUE AND COMPLETE to th	e best of my knowleds and belief.	1 - Conte march		
		TITLE		
B.R. mod		This form is to be filed in co		
1d. K. Anort	B. K. Snody	If this is a request for ellows	able for a newly drilled or deepened ied by a tabulation of the deviation	
(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
<u>Clerk, Gener</u>	ille)	All sections of this form mus	t be filled out completely for allow- is.	
January 21,	•	able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner.		
	ate,	well name or number, or transporte	en or other such change of condition	
		Separate Forms C-104 must	be filed for each pool in multiply	

i completed wells.