ND OF COPIES RECEIVED			
DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMININ Form C-104		
FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C+, Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL (	
LAND OFFICE		IN OR OF AND MATURAL C	,AO
IRANSPORTER OIL GAS			
OPERATOR			
PRORATION OFFICE			
Tenneco Oil Company			
Address			
720 SO. LOIORADO BIV Reason(s) for filing (Check proper box)		0222 Other (Please explain)	
New Well	Change in Transporter of:	Oner (1 lease explain)	
Recompletion	Oll Dry Gas		
Change In Ownership	Casin it end Gas X Conden	sate 🔄	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND I	EASE   Well No.; Foo. Name, Including Fo	rimation Kind of Lease	*NM-0108997-A
Federal 26	8 Chaveroo, S.A		Lor Fee Federal *
Location			
Unit Letter P ; 660	Feet From The South	and <u>660</u> Feet From 1	The East
Line of Section 26 Tow	nship 7S Range	<u>33Е, мари,</u> R	oosevelt County
DECIONATION OF TRANSPORT	ER OF OIL AND NATURAL GA	c	
Name of Authorized Transporter of QII		Aidress (Give address to which appro-	eed copy of this form is to be sent)
Dere Est			·····
Name of Authorized Transporter of Pas Cities Service Company	inghead Gas 🔯 — or Dry Gas 🧾	Address (Give address to which approved the second	
If well produces cil or liquids,	Unit Sec. Twp. Rge.	Box 300, Tulsa, Oklaho	
give location of tanks.			
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, j	give commingling order number:	
Designate Type of Completio	n = (X) Cil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv
Date Spudded	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.
		·	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FO	RALLOWABLE (Test must be of	ter recovery of total volume of load cil	and must be equal to or exceed top allow
OIL WELL Date First New Cil Bun To Tanks	able for this de Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	fr etc. l
Ddie First New Cit Min 18 Tonks			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Frod. During Test	Oli-Bbis.	Water-Bbls.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condenscie/MMCF	Gravity of Condensate
: 			
Testing Method (pitot, back pr.)	Tubing Freesure (Shut-in)	Casing Pressure (Shut-in)	Chake Size
CERTIFICATE OF COMPLIANO	F		TION COMMISSION
		FFR 310	178
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.		APPROVED, 19	
		APPROVED Orig. Signed by   BY Les Clemes by	
		$\begin{array}{c} BY \underbrace{\qquad \qquad Les \ Cl_{GUCG(n)}}_{Oll \ \& Gas \ J_{Def}} \\ TITLE \underbrace{\qquad \qquad \qquad Dll \ \& Gas \ J_{Def}}_{Def} \end{array}$	
<u>^</u> ~ ~ ~ ~ ~			compliance with RULE 1104.
<u> </u>	men-	If this is a request for allow	vable for a newly drilled or deepene
(Signaluge)		well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow sble on new and recompleted wells.	
Division Production Manager			
1-26-7	-	Fill out only Sections I I	I. III. and VI for changes of owner
(Da	(e)	well name or number, or transpor	ter, or other such change of condition
		Separate Forms C-104 mus	t be filed for each pool in multipl