	DISTRIBUTION	NEW MEXICO OIL CO REQUEST F	OR ALLOWABLE	ON	Form C-104 Supersedes Oid Effective 1-1-65		
	U.S.G.S. OIL OIL OPERATOR OPERATION OFFICE	AUTHORIZATION TO TRAN	-	NATURAL GA	S		
1.	Cperator Tenneco Oil Company						
	Address 720 So. Colorado Blvd., Denver, Colorado 80222						
	Reason(s) for filing (Check proper box) New Well Recompletion	Change in Transporter of: Oil Dry Gas Casinghead Gas X Condens		e esplain)			
	If change of ownership give name and address of previous owner					***** *******************************	
18	DESCRIPTION OF WELL AND LE.	45F			*NM-108997-	·A	
	Federal 23	Well No. Pool Name, Including Fo 3 Chaveroo San		Kind of Lease State, Federal (orFee Federal	Lease No *	
	Unit Letter 0 ; 1980	Feet From TheEastLine	- 660 and	Feet From Tr	South		
	Line of Section 23 Townsh	itp 7S Range	33E , NMPN	, Roose	velt	County	
Ш.	DESIGNATION OF TRANSPORTED	R OF OIL AND NATURAL GA	S Aidress (Give address	to which approve	d copy of this form is to	be sentj	
	Cities Service Company						
	If well produces oil or liquids, Unit Sec. Twp. Ege. Is gas actually connected? When give location of tanks.						
IV	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Cit Well Gas Well New Well Workover Deepen 'Plug Back 'Same Res'v. Diff. Res						
	Designate Type of Completion	- (X) Gas well Gas we	Total Depth	i jeepen i	P.B.T.D.	t	
		ame of Producing Formation	Top Cll/Gas Pay		Tuking Depth		
	Perforations		·		Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	SET	SACKS CEN	ENT	
						· · · · · · · · · · · · · · · · · · ·	
v	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 al able for this depth or be for full 24 hours)						
	Date First New Cil Bun To Tanks Date of Test		Freducing Method (Flo	Freducing Method (Flow, pump, gas lift, etc.)			
	Length of Test	ubing Pressure	Casing Pressure	<u></u>	Chcke Size		
	Actual Prod. During Test	911-351 6.	Water-Bbls.		Gas-MCF		
	GAS WELL				•		
		ongth of Tost	Bbis. Condensate/MM		Gravity of Condensate		
	Testing Method (pitot, back pr.)	"ubing F:+++ =+ (Shnt-in)	Cosing Pressure (Shu		Choke Size		
V	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
	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.		BYOrig. Signed by Les Clements				
	A. D. Myen		TITLE Oil & Gree Insp. This form is to be filed in compliance with RULE 1104. If this is a request for slicwable for a newly drilled or deepe				
	(Signature)) Division Production Manager		If this is a request for knowshe for a newly diffied of deep well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for al				
	(Title - ,2.6 (Date	sble on new and Fill out only well name or num	sble on new and recompleted wells. Fill out only Sections I. II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in mult				
			Separate For	ms C-104 mus	t be filed for each p	ool in mult	

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