	ND. OF LOP		•	
	DISTRIBUTION SANTA FE		FOR ALLOWABLE	Form C -104
	FILE	4	AND	Supersedes Old C-104 and Effective 1-1-65
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL C	GAS
	TRANSPORTER OIL			
	GAS			
1.	PRORATION OFFICE			
	Cperator Tenneco Oil Company			
	Address			
	720 So. Colorado Blvd., Denver, Colorado 80222			
	Reoson(s) for filing (Check proper box New Well) Change in Transporter of:	Other (Please explain)	
	Recompletion	Oll Dry Ga	s	
	Change in Ownership	Casinghead Gas X Conder	sate	
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND	LEASE		*NM-108997-A
	Leose Name	Well No. Pool Name, Including Fi		Lesse N
	Federal 23	4 Chaveroo San	Andres State, Federa	^{1 or Fee} Federal *
	Unit Letter P ;	660 Feet From The East	e and 660 Feet From T	_{The} South -
	Line of Section 23 To	Amship 7S Bange	33E . NMFM, ROOSE	
	· · · · · · · · · · · · · · · · · · ·			Vert Coun
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which approx	ed copy of this form is to be sent)
	Nome of Authorized Transporter of Ca	singhead Gas 👔 or Dry Gas 🗍	Address (Give address to which approx	ed conviol this form is to be sent
	Cities Service Company		Box 300, Tulsa, Oklah	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Sge.	is gas actually connected? Whe	en
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	· Cil Well Gas Well	New Well Workover Deepen	Plug Back ' Same Res'v. Diff. Re
	Designate Type of Completio	pn = (X)		Fill Buck Same Res. Dill, Re
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cll/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·		
17	TECT DATA AND REQUEST E			<u>.</u>
• • •	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 of able for this depth or be for full 24 houre)			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(1, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	011-2bis.	Water-Bbis.	Ges-MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Freesure (Shnt-in)	Cosing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE		TION 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.		APPROVED FEB 3 19	<u>78</u> , 19
				lements
	-		UT &	Ges Losy.
			TITLE	
	A. A. Mapos		If this is a request for allowable for a newly drilled or deepe	
	(Signature)		well, this form must be accompanied by a tabulation of the devia- tests taken on the well in accordance with RULE 111.	
	- Division Production Manager (Tule)		All sections of this form must be filled out completely for all	
	1-26-78		Fill out only Sections I. II, III, and VI for changes of own	
	(Da	ite)	well name or number, or transport Separate Forms C-104 must	er, or other such change of condit , be filed for each pool in mult

