1.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Operator	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-101 and C-110 Effective 1-1-65	
	Tenneco Oil Company Address P. O. Box 1031 Midl Reason(s) for filing (Check proper b New Well Recompletion Change in Ownership [XX If change of ownership give name and address of previous owner	ox) Change in Transporter of: Oil Dry Go Casinghead Gas Conde			
II.	ESCRIPTION OF WELL AND LEASE				
	Lease Name Federal 23 N			Kind of Lease State: Federal XXXX	
	Location Unit Letter I ; 60	60 Feet From The East Lin	ne and <u>1980</u> Feet From Th	eSouth	
	Line of Section 23 T	ownship 7S Range	33E , NMPM, Roosey	relt County	
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS Address (Give address to which approved	d copy of this form is to be sent)	
	Mobil Pipe Line Co.	6 2	Box 900 Dallas. Texas		
				Address (Give address to which approved copy of this form is to be sent) Cities Service Bldg, Bartlesville, Okla	
	Cities Service Pipe Line Co. Cities Service Bldg., Bartlesville, Okla. If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks. J 23 7S 33E Yes January, 1967				
	If this production is commingled with that from any other lease or pool, give commingling order number:				
	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	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	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			*	·	
		·			
V.	FEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo able for this depth or be for full 24 hours)				
	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	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	_l NCE		ION 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 AND 5 1971 , 19		
•	$, \eta$		TITLE UPERVISOR DISTRICT		
	B. R. Anordeg B. K. Snody (Signalife)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Clerk, General (Tule)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
	January 21,		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.		

well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.