	DISTRIBUTION	NEW MEXICO OIL CO REQUEST F	ONSERVATION COM ON FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C Effective 1-1-65
1.	U.S.G.S. ULAND OFFICE OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GA S
	C;=raior Tenneco Oil Company			
	Address 720 So. Colorado Blvd., Denver, Colorado 80222			
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of: Oil Dry Gas Casinghead Gas X Conden	Other (Please explain)	
	If change of ownership give name and address of previous owner			
71	DESCRIPTION OF WELL AND LEASE *NM-044701-A			
11.	Federal 22 Location	Well No. Pool Name, including Fo 3 Chaveroo Sar	n Andres State, Fode	Lesse No
	Unit Letter M; 660	Feet From The West Line	and 660 Feet From	n The South -
	Line of Section 22 Tow	nshtp 7S Range 3	33E , NMPM,	Roosevelt County
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)
	Name of Authorized Transporter of Casinghead Gas (a) or Dry Gas Address (Give address to which approved copy of this form is to be sent) Cities Service Company Box 300, Tulsa, Oklahoma 74102			
	If well produces oil or liquids, give location of tanks.			
***	If this production is commingled with that from any other lease or pool, give commingling order number:			
58.	COMPLETION DATA Designate Type of Completion		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.5.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cll/Gas Pay	Tubing Depth
	Perforations		<u> </u>	Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			I I	
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) OIL WELL Date First New Oil Run To Tanks Date First New Oil Run To Tanks Date of Test Freducing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	011-Bbis.	Water-Bbls.	Gcs-MCF
	GAS WELL Actual Fred. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) .	Choke Size
VI.	. CERTIFICATE OF COMPLIANCE			
	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	
	above is true and complete to the	best of my knowledge and belief.		Clements Cos Insp.
			This form is to be filed in compliance with RULE 1104.	
	C. J. Imijers		If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat	
	Division Production Manager		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all	
	1-26.78		able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditi	
	(Date)			writer, or other such change of conditions to filed for each pool in multi-

FERTING (SD) FEB Stard OIL CUMSLIEVATION CONTRA

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