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	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS	NEW MEXICO OIL CO REQUEST I	FOR ALLOWABLE AND		Form C-104 Supersedes Oi Effective 1-1-1			
1.	OPERATOR PRORATION OFFICE Operator Tenneco Oil Company Address							
	720 So. Colorado Blvd., Denver, Colorado 80222  Reason(s) for filing (Check proper box)  New Well							
	If change of ownership give name and address of previous owner							
H.	DESCRIPTION OF WELL AND I				*0G 4897			
	State "V"	Well No. Fool Name, Including Fo	rmation	Kind of Lease State, Federal o	Fee State	Leas• N ★		
	Location Unit Letter I : 20	310 Feet From The South Line	990	Feet From The	East	_		
	Line of Section 30 Tow	mship 7S Range	34E . NMPN	n	posevelt	Count		
III.	Name of Authorized Transporter of Cas Cities Service Company	or Condensate	Address (Give address  Address (Give address  Box 300, Tull  is gas actually connect	io which approved sa, Oklahom	copy of this form is			
	If well produces oil or liquids, give location of tanks.			<u> </u>				
ıv.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workever Deepen Plug Back Same Resty, Diff. Re							
	Designate Type of Completio	$\operatorname{cn} = (X)$ Off Well Gas Well	New Well Workover	Deepen i	Plug Back   Same Re	s'v. Ditt. 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 Cil/Gas Pay		Fubing Depth			
	Perforations			Depth Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CE	MENT		
V.	TEST DATA AND REQUEST FO	able for this de	fter recovery of total vol pth or be for full 24 how	**)		exceed top a		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lift,	etc.)			
	Length of Test	Tubing Pressure	Casing Freesure		Chcke Size			
	Actual Prod. During Test	O:1-3bis.	Water-Bble.		Gas-MCF			
	CARWELL		J					
	Actual Fred. Test-MCF/D	Length of Test	Bbls. Condensate/h/M	O.F.	Gravity of Condensat	(•		
	Testing Method (pitot, back pr.)	Tubing Freesure (Shat-in)	Casing Pressure (5'50	t-in)	Choke Size			

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complled with and that the information given above is true and complete to the best of my knowledge and belief.

(Title)

(Date)

Division Production Manager

OILTEBSERYATOOR COMMISSION

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APPROVED			, 19
	Orig	. Signed by	•
BY	Le	: Clements	
TITLE	Oil :	8: Cas Tao <b>p.</b>	

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devictests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owell name or number, or transporter, or other such change of condi-Separate Forms C-104 must be filed for each pool in mul