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SANTA FE				
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LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				
VIIACUAN ATT CONTRATE				

NEW MEXICO OIL CONSERVATION COMMISSIAL

Form C -104

	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65			
,	U.S.G.S.	AUTUODIZATION TO TOAI	AND ISBORT OIL AND NATHRAL CAS				
	LAND OFFICE	AUTHORIZATION TO TRANSC ON TOLE AND TOTAL ON					
	TRANSPORTER OIL						
	GAS GAS	· 					
Ι.	PRORATION OFFICE						
••	Operator						
	TENNECO OLL COMPANY						
	P. O. Box 1031, Midla	and. Texas 79701					
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Weli	Change in Transporter of: Oil Dry Gas	Effective 1-1-	71			
	Recompletion Oil Dry Gas Change in Ownership X Casinghead Gas Condensate						
	If change of ownership give name KERN COUNTY LAND COMPANY, Box 1031, Midland, Texas 79701						
11	DESCRIPTION OF WELL AND I	(PASE					
	Lease Name	Lease No. Well No. Pool Nan	ne, Including Formation	Kind of Lease			
	State 20	OG 4779 3 East	Saunders Permo Penn	State, Federal or Fee State			
	- ((0	Feet From The North Line	e and 1980 Feet From T	neWest			
	Unit Letter C; 660	Feet From The 1104 014 Cine					
	Line of Section 20 Tow	vnship 145 Range	34E , NMPM,	Lea County			
HI.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv				
	Amoco Production Corp. 3411 Knoxville Ave., Lubhock Texas 79413 Name of Authorized Transporter of Casinghead Gas A or Dry Gas Address (Give address to which approved copy of this form is to be so						
	7500 77 0171						
	Warren Petroleum Corp If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n			
	give location of tanks.	K 17 14 34	Yes	July,1962			
T 7 7		th that from any other lease or pool,	give commingling order number:	CTB-84			
1 .	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Dif						
	Designate Type of Completion	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.			
	Date Spudded	Date Compi. Reday to Frod.	Total Deptil				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Defeation			Depth Casing Shoe			
	Periotations	Perforations Depth Guard Check					
		TUBING, CASING, AND	CEMENTING RECORD	CLOVE CENTRAL			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
•							
V.	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 allowable 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 - Bols.	Gas - MCF			
				<u> </u>			
	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	Choko Size			
	Today Managara						
VI	VI. CERTIFICATE OF COMPLIANCE			TION COMMISSION			
		and Anthone (Add a Od On Control	APPROVED , 19				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with end that the information given						
	above is true and complete to the	e best of my knowledge and belief.	LIDEDV SOR	DISTRICTS			
	TITLE SUPERVISE						
•	R 4 1 1	This form is to be filed in compliance with RUL If this is a request for allowable for a newly drill well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 11 Clerk, Goneral (Title) This form is to be filed in compliance with RUL if this is a request for allowable for a newly drill well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 11 All sections of this form must be filled out compliance with RULE 11 able on new and recompleted wells.					
	(Signapline)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	Clerk, Goneral	/ '	if tests taken on the well in accou	dance with RULE 111.			
	(Ti	itle)	All sections of this form mu able on new and recompleted we	113.			

(Date)

January 21, 1971

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

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.

Separete Forms C-104 must be filed for each pool in multiply completed wells.