	NO. OF COPIES RECEIVED					
	DISTRIBUTION					
	SANTA FE	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-11		
	FILE				Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATUR				
	IRANSPORTER OIL					
	GAS					
	PROBATION OFFICE	·				
.	Operator	······································				
	Tenneco Oil Company					
	Box 1031, Midland, Texas 79701					
	Reoson(s) for filing (Check proper box) Other (Please explain)					
	New Well Recompletion	Change in Transporter of: Oil Dry Ga	s			
	Change in Ownership	Casinghead Gas 🔀 Conder	isate			
	If change of ownership give name and address of previous owner					
**	DESCRIPTION OF WELL AND LEASE					
	Lease Name	Well No. Pool Name, Including Fe	prmation	Kind of Lease	Lease No. E-1679	
	State "Q"	2 Lovington Pa	ddock	State, Recerci cr	10 /9	
	Location Unit Letter K : 1650 Feet From The South Line and 1950 Feet From The West					
	Unit Letter <u>K</u> ; <u>165</u>					
	Line of Section 30 Tow	vnship <u>16-S</u> Range 3	<u>7-Е , мири</u>	Lea	County	
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of Oll X or Condensate Address (Give address to which approved copy of this form is to be sent)					
	Texas-New Mexico Pipe Line Co. 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)					
	Phillips Pipe Line Co. 1160 Adams Bldg., Bartlesville, Okla.					
	If well produces oil or liquids,					
	If this production is commingled with that from any other lease or pool, give commingling order number:					
	COMPLETION DATA Cil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completio	on = (X)	i i i 1] 	
	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		bing Depth	
					epth Casing Shoe	
	Perforations					
		TUBING, CASING, AND	CEMENTING RECOR	2D		
	HOLESIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CEMENT	
•,	TRATA AND REQUEST E	OP AT LOWARIE (Test must be a	fter recovery of total volu	ume of load oil and i	must be equal to or exceed top allow	
ν.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Fibe	<i>b, pump, gus,.</i> , e.		
	Length of Test	Tubing Pressure	Casing Pressure	Ci	noke Size	
		Oil - Bbls.	Water - Bbls.	G	1a - MCF	
	Actual Prod. During Test					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC	F Gr	avity of Condensate	
		Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) ()	noke Size	
	Testing Method (pitot, back pr.)	Inplud higher (Surcart				
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 NOV 19 1971			
			BY Orig. Signed by			
			TITLE Dist. I. Supr.			
	Doris L. Cannon		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
	(Signature)		tests taken on the well in accordance with RULE 111.			
	(Ti	tle)	All sections of this form must be filled out completely for allow- able on new and recompleted wells.			
	11-16-71		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			

(Date)

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. Separate Forms C-104 must be filed for each pool in multiply

C. L. ED

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OIL CONSEL ATTO COMMA