

Item C-104
Supersedes Old C-101 and C-116
Effective 1-1-65

Operator		TENNECO OIL COMPANY	
Address		6800 PARK TEN BLVD., SUITE 200 NORTH, San Antonio, TX. 78213	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Dry Gas	☒
		Condensate	☐
		Casinghead Gas	☐

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE *South Kernnity, atoka morrow R-6170*

Lease Name KEMNITZ DEEP	Well No. 1	Pool Name, Including Formation ATOKA MORROW	Kind of Lease State, Federal or Fee STATE E	Lease No. -1387-5
Location Unit Letter G ; 2280 Feet From The NORTH Line and 1980 Feet From The EAST Line of Section 29 Township 16S Range 34E , NMPM, LEA County				

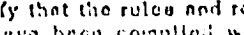
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☐ or Condensate ☒			Address (Give address to which approved copy of this form is to be sent)			
WESTERN CRUDE OIL			1211 PETROLEUM CRUDE BLDG. TULSA, OK. 74119			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒			Address (Give address to which approved copy of this form is to be sent)			
NORTHERN NATURAL GAS CO.			401 WALL TOWER WEST, MIDLAND, TX. 79701			
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Rge.	Is gas actually connected?	When
					YES	11-9-78

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Pres'tv.	Diff. Pres'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.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			

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 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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test-MCF/D 1750	Length of Test 24 hrs.	Bbls. Condensate/MMCF 12	Gravity of Condensate 51.4
Testing Method (prior, back pr.) FLOW	Tubing Pressure (shut-in) 4965	Casing Pressure (shut-in) 0	Choke Size 12/64

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 _____, 19____	
 _____ (Signature)		BY _____ Orig. Signed By Jerry Sexton Dist. 1, Supv.	
STAFF PRODUCTION ANALYST _____ (Title)		TITLE _____	
11/13/78 _____ (Date)		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. All sections of this form must be filled out completely for allowable on new and recompletions. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.	