	NO. OF COFIES RECEIVED					
	DISTRIBUTION					
	SANTA FE		14:	Ev. M.		
	FILE					
	U.S.G.S.					
		AC	THORE	ZATI		
	LAND OFFICE OIL					
	IRANSPORTER GAS	= = .				
	OPERATOR					
ĭ.	PRORATION OFFICE					
	Operator					
TENNIECO OIL COMPANY						
	Box 1031, Midland	7970	<u>.</u>			
	Reason(s) for filing (Check proper					
	New Well		ige in Th	ice por		
	Recompletion	Oil		_		
	Change ir. Ownership[X]	Casi	nghead G	as		
	If change of ownership give name and address of previous owner	Krist	n Cou	TTY_		
Ц.	DESCRIPTION OF WELL AN					
	Lease Name		se No.	Wel		
	State 36	E-	6522			
	Location					
	t From Th	ہ				
	Line of Section 36	Township	26s			
II.	DESIGNATION OF TRANSPO Name of Authorized Transporter of	RTER OF	011. AN	D NA		
	1					
	Texas New Mexico Pipe Line Company					
	Name of Authorized Transporter of	Casinghead G	ts XI	or Dry		
	Phillips Pet. Corp.		,			
	If well produces oil or liquids,			Twp		
į	give location of tanks.	F	36	2		

January 21, 1971 (Date)

v.

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SANTA FE		POR ALLOWABLE	Form C-10; Supersedes Old C-10; and C-11
FILE		AND	Effective 1-1-85
U.S.G.S.	AUTHORIZATION TO THE	ANGEGRE GIL MID NATURAL (GAS
IRANSPORTER GAS			
OPERATOR			
Operator Operator			
TENNECO OIL COMPANY			
Box 1031, Midland,	Texas 79701		
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well Recompletion	Change in Trace parts: of: Oil Dry Go	Effective 1-1-	.71
Change ir. Ownership	Casinghead Gas Conde	7***1	
If change of ownership give name			
and address of previous owner	KERN COUNTY LAND COM	PANY, Box 1031, Midland	i, Texas 79701
DESCRIPTION OF WELL AND			
Lease Name State 36	· · · · · · · · · · · · · · · · · · ·	ese, including Formation War(Delaware)	Kind of Lease State, Federal or Fee State
Location	1 14 1 220024	en (Dolaware)	State, Federal or Fee State
Unit Letter D ;	330 Feet From The North Lie	re and 330 Feet From '	The West
20	0/0		
Line of Section 30 To	wnship 205 Acnge	32E , NMPM,	Lea County
DESIGNATION OF TRANSPOR	TER OF OH, AND NATURAL GA	\S	
Name of Authorized Transporter of Cil		Address (Give address to which appro-	
Texas New Mexico Pipe Name of Authorized Transporter of Car		Box 1510, Midland, Address (Give address to which appro-	
Phillips Pet. Corp.			ertlesville, Okla. 74003
If well produces oil or liquids,	Unit Sec. Twp. Age.	In gas actually connected? Who	
give location of tanks.	F 36 26s 32E		April, 1959
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give conminging order number:	
Designate Type of Completic	Oil Woll Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		P.B.T.D.
'			F.B.11.5.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Cop Cil/Gas Pay	Tubing Depth
Perforations		1	Depth Casing Shoe
			Depth odding the
	TUBING, CASING, AND	O Call Mills RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOOL WELL	OR ALLOVANLE (Test must be a) able for this de	fix recovery of total volume of load oil i pth or bu for full 24 hours)	and must be equal to or exceed top ally
Date First New Cil Run To Tanks	Date of Toot	Producing Method (Flow, pump, gas li)	t, etc.)
Length of Test	Tubing Pressure	Caping Pressure	Choke Size
Langth of Yest	A MANAGE OF THE PROPERTY OF TH	County Pressure	Choke Size
Actual Prod. During Test	Off-Bais.	Water - Spis.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitol, back pr.)	Tirling Dean is		
- soring mornou (prior, one's pri)	Tubing Pressire	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIANCE	<u></u>	OIL CONSERVA	TION COMMISSION
		IAN 25 1	971
I hereby certify that the rules and r Commission have been complied w	agulations of the Oil Conscivation	AFT HOVED	, 19
above is true and complete to the	best of my knowledge and belief.	1 / Alle	the state of the s
α		rra.é	
B. K. Jan t 1. (Signa	,	This form is to be filed in c	compliance with RULE 1104.
THIK. Justed	B. K. Swedn	. If this is a request for allow	able for a newly drilled or despensed
(Signa (Chapter Charter	, ve/	troop calcan on the well in accor-	
Clerk, Genar	le)	All specifican of this form much able on men and recommisted we	et be filled out completely for allow-

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

Fill out only Sections I, II, III, end VI for changes of owner, well name or number, or transporter, or other such charge of condition.

Separate Forms C-104 must be filed for each pool in multiply covered to the change.