	SANTA FE	C REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C - 194 Supersedes Old C-104 and C-116 Effective 1-1-65	
1.	LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator				
Tenneco Oil Company					
	Address 1860 Lincoln St., Suite 1200, Denver, Colorado 80295 Other (Please explain)				
	New Well Change In Transporter of:				
	Recompletion Oil Dry Gas Effective 4/1/77 Change in OwnershirXX Casinghead Gas Condensate Effective 4/1/77				
	If change of ownership give name Bettis, Boyle & Stovall, Box 1168, Graham, Texas 76046 and address of previous owner				
н.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.				
	Leonard Federal	1 Leonard Seven	Rivers State, Føderal	or Fee Federal	
	Unit Letter J : 1650 Feet From The South Line and 2310 Feet From The East				
	Line of Section 11 Town	ashtp 26S Range	37Е , ммрм, Lea	County	
m.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S		
Nome of Authorized Transporter of Oil XX or Condensate Address (Give address to Which approved topy of Permian (Elf 9 / 1 / 87) P.O. Box 3119, Midland, Texas				Texas 79701	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to whi			Address (Give address to which approv P.O. Box 1384, Jal, New	ed copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe		
	give location of tanks. If this production is commingled with	J 11 265 37E	give commingling order number:	,	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
•	Designate Type of Completion	n = (X) i Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		Name of Producing Formation	Top O!!/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Pornation		Depth Casing Shoe	
	Perforations				
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE				
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 all oble for this denth or be (or full 24 hours)				
V. TEST DATA AND REQUEST FOR ALLOWADD able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				(t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Chok+ Siz+	
	Actual Prod. During Test	Oil-Bbla.	Water-Bbis.	Gas-MCF	
	Actual Pros. During 1931				
	GAS WELL			Gravity of Condensate	
	Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choko Sizo	
VI	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and r Commission have been complied v		APPROVED JEAL	APPROVED MAY 1977 Orig. Signed by BYJerry Sexton	
	Commission have been complete with and that the mowledge and belief. above is true and complete to the best of my knowledge and belief. (Signature) Division Administrative Supervisor (Title)		TITLE Dist 1. Supv.		
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend 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 allow- able on new and recompleted wells.		
	April 29, 1977		Fill out only Sectiona I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition		
	{Di	ate)	Separate Forms C-104 mu	at be filed for each pool in multipl	

