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	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST FO	ISERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-11 Elloctive 1-1-65 AS
•	LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE			
I.	Operator Tenneco Oil Company			
	Address	L Deathange Deavon Co	Jorado 80222	
	720 SO. COlOrado BI Reason(s) for filing (Check proper box, New Well Recompletion Change in Ownership	Vd., Penthouse, Denver, Co Change in Transporter of: Oil Dry Gas Casinghead Gas Condense	We request a test bbls. of oil for	ing allowable of 500 this well
	If change of ownership give name and address of previous owner			
	DESCRIPTION OF WELL AND	I FASE		Lease No.
II.	Lease Name	Well No. Pool Name, Including For 7 Leonard Queen		or Fee Federal NM-7951
	Leonard Bros.			Wast
	Unit Letter ;66	0 Feet From The South Line	and Feet From T	west
	Line of Section 13 To	wnship 26S Range	37Е , ммрм,	Lea County
	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to which approv	dense of this form is to be sent)
	Name of Authorized Transporter of OL	or Condensate	P.O. Box 3119, Midlan	d. Texas 79701
	Permian Corporation	singhead Gas or Dry Gas	Address (Give address to which approx	ed copy of this form is to be sent)
			Is gas actually connected? Whe	en
	If well produces oil or liquids, give location of tanks.		No	
	If this production is commingled with that from any other lease or pool, give commingling order number:			
IV	V. COMPLETION DATA Designate Type of Completion - (X)		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v
	Designate Type of Complete Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spuddou		Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Duth Carries Shap
	Perforations			Depth Casing Shoe
			CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
1	. 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 allow 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 l	ift, etc.)
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test		Water - Bbls.	Gas - MCF
	Actual Prod. During Test	Oil-Bbls.	Walet - Ppie.	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Cosing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )		
٦	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19, 19
	Commission have been complied above is true and complete to	I with and that the information given the best of my knowledge and belief.	BY	
	<u>Ä.A. M. (Signetiwe)</u> Division Production Manager (Title) 11-17-177 (Date)		TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati- tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo- ble on new and recompleted wells.	
				THE THE AND UT FOR CHARGES DI OWI
			Fill out only Sections I, II, III, and VI of change of conditi well name or number, or transporter, or other such change of conditi Sectrate Forms C-104 must be filed for each pool in multi	

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ON CONSERVATION CLAIM HOBBS, N. M.