Γ	DISTRIBUTION SANTA FE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11. Effective 1-1-65							
	FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS	AUTHORIZATION TO TRAN	ις								
1.	OPERATOR PRORATION OFFICE										
	TENNECO OIL COMPANY										
	Address 720 S. Colorado Blvd.	Penthouse Denver C	Colorado 80222								
	Reason(s) for filing (Check proper box)		Other (Please explain)								
	New Well	Change in Transporter of: Oil Dry Gas		•							
	Recompletion Change in Ownership	Casinghead Gas Condens									
	If change of ownership give name and address of previous owner	THIS WELL HAS BEEN PLACE DESIGNATED BELOW. IF YOU NOTIFY THIS OFFICE.	ED IN THE POOL								
1.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	rmation R-578 Kind of Lease	Lease No.							
	Leonard Bros	22 Leonard Queer	n South State, Foderal	c <sup>r Fee</sup> Federal NM-7951							
	Location E 1980	) Feet From The N Line	and 660 Feet From T	heW							
	Unit Letter::		_	County							
	Line of Section 14 Town	ship 26S Range 3.	7E , NMPM, Lea	County							
1.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which approve	ed corr of this form is to be sent)							
	Name of Authorized Transporter of Oil	of Consensule []		l l							
	Permian Corp Permia Name of Authorized Transporter of Cast	an (Eff. 9 / 1 /87) nghead Gas or Dry Gas	Box 1183 Houston Tx 77001 hadress (Give address to which approved copy of this form is to be sent)								
	El Paso Natural Gas		Box 990, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)								
	Name of Authorized Transporter of Cas.										
	It well produces oil or liquids,	Unit Sec. Twp. Fge. N 11 265 37E	Is gas actually connected? When Yes	r 6-17-78							
	give location of tanks. If this production is commingled with										
v	If this production is commingled with . COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.							
	Designate Type of Completion		x								
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 3705	р.в.т. <b>д.</b> 3664							
	6-1-78	6-17-78 Name of Producing Formation	Top O!1/Gas Pay	Tubing Depth							
	Elevations (DF, RKB, RT, GR, etc.) 2991 ' GR	Oueen	3404	3508 Depth Casing Shoe							
	Perforations 3593-3606, 35	83-88, 3458-72,		3705							
	3422-48, 3396-3	404, W/ JSPF TUBING, CASING, AND									
	HOLE SIZE	CASING & TUBING SIZE	515	SACKS CEMENT							
	<u>12¼"</u> 7-7/8"	8-5/8" 5 <sup>1</sup> /3 <sup>10</sup>	3705	1000							
	. TEST DATA AND REQUEST FO	1 DRALLOWARLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-							
١	OIL WELL		epth or be for full 24 hours) Producing Method (Flow, pump, gas lij								
	Date First New Oil Hun To Tanks 6-19-78	Date of Test 7-6-78	Pumping								
	Length di Test	Tubing Pressure	Casing Preseure	Choix Size							
	24	0(1-3bis.	Water-Bbls.	Gas + MCF							
	Actual Prod. Duting Test	7	160	14							
	GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bhis. Condensate/MMCF	Gravity of Condensate							
		Tubing Pressure (Shut-in)	Casing Pressure (Shat-in)	Choire Size							
	Testing Mothod (putor, back pr.)	, uping Press Le (black a )									
1	I. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION								
			APPROVED JUL 24	APPROVED JUL 24 19/8, 19							
	I hereby certify that the rules and Commission have been complied	regulations of the Oil Conservation with and that the information given a best of my knowledge and belief.	I I IAAAA								
	above is true and complete to the	e best of my knowledge and belief.	THE SUPERVISO	A DISTRICT I							
	Λ.		This form is to be filed in	compliance with RULE 1104.							
	( Ani T	latterno	If this is a request for allowable for a newly drilled or despendence 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.								
		active)									
	Administrative Super	visor									
	7/#9/2	<i>Q</i>	Fill out only Sections I. II. III, and VI for changes of owner, wall name of number, or transporter, or other such change of condition								
		ate)	Separate Forms C-104 must be filed for each pool in multiply completed wells.								

Fill out well name or	number,	or tran	sporte	r, of	other	auch	1 Che	nge o	f cor	ndition
Separate	Forms	C-104	must	be	filed	for •	a ch	pool	in n	nultiply
completed we	115.									



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