1	so, or contra necesived 11 15	1 ,		:					
ļ	DISTRIBUTION NEW MEXICO OIL CO					Form C-104			
				OR ALLOWABLE		Supersedes O	ld C-104 and C-110 ·65		
	U.S.G.S. AUTHODIZATION TO TRAN			AND	L AND MATHDAL	AS OF ILE	`		
	LAND OFFICE	AUTHORIZATION TO TRAN			L AND NATURAL U	"ZFITIVED			
ì	TRANSPORTER OIL /								
L									
-	OPERATOR /					1 JOHO C	Ou.1		
1.	OPERATOR / JUN 2:2:190. PRORATION OFFICE Operator Operator								
Ì	Tenneco Oil Company								
-	P. O. Box 1714, Durango, Colorado								
	leason(s) for filing (Check proper box) Other (Please explain)								
	New Well Change in Transporter of:								
	Recompletion Oil Dry Gas Effective First Delivery Change in Ownership Casinghead Gas Condensate								
L	Change in Ownership Casinghead Gas Condensate								
	change of ownership give name nd address of previous owner								
11. 1	ESCRIPTION OF WELL AND LEASE								
Ī	ease Name Well No. Pool Name, Including Formation Kind of Lease No.								
	Jicarria C Dranco nesavera								
	Unit Letter E 1850 Feet From The North Line and 790 Feet From The West								
									
	Line of Section 13 Tow	mahip 26N	Range	5W	, NMPM,	Rio Arriba	County		
II.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent)								
		Name of Authorized Transporter of Oil or Condensate							
į	Rock Island Oil and Refining Name of Authorized Transporter of Casinghead Gas or Dry Gas (P. O. BO	P. O. Box 328, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)				
Ì	Nume of Administration Transporter				x 990. Farming		i i		
}		Unit Sec. Tw	p. Rge.	Is gas actual	ly connected?	en rew rexte	<u> </u>		
ļ	If well produces oil or liquids, give location of tanks. E 13 26 5			No		On Approval			
1	if this production is commingled wit	h that from any other I	ease or pool,	give comming	ling order number:	<u> </u>	1		
	COMPLETION DATA	Oil Well	Gas Well		Workover Deepen	Plug Back Same Fr	esty. Diff. Resty.		
	Designate Type of Completion - (X)		X X	X	1				
	Date Spudded	Date Compl. Ready to F		Total Depth		P.B.T.D.			
	11/22/66	1	3/6/67)	8230			
ŀ	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
· .	7202 Gr. Blanco Mesaverde			5465		7925 Depth Casing Shoe			
	Perforations					- •			
	6103-5465 TUBING, CASING, AND CEMENTING RECORD								
		CASING & TUBING SIZE		DEPTH SET		SACKS MENT			
	11022 3124		10-3/4		433	310°sx			
	12-1/4 9-5/8	7-5/8		4000		325 sx			
	6-3/4	4-1/			8261	1st stage 2			
		2-3/		<u> </u>	7925	265 sx 2nd			
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 a able for this depth or be for full 24 hours)								
į	OIL WELL Date First New Oil Run To Tanks Date of Test			Producing Method (Flow, pump, gas lift, etc.)			. •		
		Tubing Pressure		Casing Pres	swe	Choke Size	Choke Size		
	ength of Test				•				
	Actual Prod. During Test	itual Prod. During Test Oil-Bble.		Water-Bbis.		Gas - MCF	. ,		
			<u> </u>			<u> </u>			
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condens	ute'		
	4369	3 hrs		-			ارب		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shu	t-in)	1	sure (Shut-in)	Choke Size	,		
	Back Pr. Pkr			 	1060	3/4			
VI.	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.			APPROV	APPROVED JUN 2 2 1967				
				Prigi	BOriginal Signed by Emery C Arnold SUPERVISOR DIST. #3				
				W Tright					
				11 111 - 5 -					
	11/1/	,		Thi	This form is to be filed in compliance with RULE 1104.				
	1.5 700	lead to a second for allowable for a newly drilled or deepened							
	M. K. Wagner(Signature)				well, this form must be accompanied by a tabulation of the deviation of th				
						All sections of this form must be filled out completely for allow-			
		(Tule)				able on new and recompleted wells.			
	June 21, 1967			well name or number, or transporter of other such					
				Sept	Separate Forms C-104 must be filed for each pool in multiply				
	i i			!! combiere	completed wells.				