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OPERATOR	1
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

I. Operator  
**Tenneco Oil Company**

Address  
**Box 1714, Durango, Colorado**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<b>Effective 1st Delivery</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Florance</b>	Well No. <b>68</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>0</b> ; <b>1190</b> Feet From The <b>So</b> Line and <b>2510</b> Feet From The <b>East</b>			
Line of Section <b>20</b> , Township <b>27-N</b> Range <b>8-W</b> , NMPM, <b>San Juan</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Inland Crude, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1528, Farmington, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Farmington, New Mexico</b>
If well produces oil or liquids, give location of tanks.	Unit <b>0</b> Sec. <b>20</b> Twp. <b>27</b> Rge. <b>8</b> Is gas actually connected? <b>No</b> When <b>On approval</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudied <b>6/14/66</b>	Date Compl. Ready to Prod. <b>8/5/66</b>		Total Depth <b>7460</b>		P.B.T.D. <b>7410</b>			
Pool <b>6744 GR</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>7212</b>		Tubing Depth <b>7348</b>			
Perforations <b>7212-7390</b>					Depth Casing Shoe <b>7460</b>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1004	350 sx
7 7/8	4 1/2	7460	1st Stage 150 sx
			2nd " 200 sx
	2 3/8	7348	3rd " 550 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>2839</b>	Length of Test <b>3 hrs.</b>	Bbls. Condensate/MMCF	Gravity of Condensate <b>DIST. 3</b>
Testing Method (pitot, back pr.) <b>ACF Back PR</b>	Tubing Pressure <b>200</b>	Casing Pressure <b>552</b>	Choke Size <b>3/4</b>

VI. CERTIFICATE OF COMPLIANCE

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.

*Harold C. Nichols*  
(Signature) **Harold C. Nichols**  
Senior Production Clerk  
(Title)  
**2/22/67**  
(Date)

Cy: Conoco

OIL CONSERVATION COMMISSION

**FEB 28 1967**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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 allowable on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

