

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
PRORATION OFFICE	

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-110
Effective 1-1-55

Operator Tenneco Oil Company	
Address 1860 Lincoln St. Suite 1200, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

SF-078487-A

Lease Name Pritchard	Well No. 4A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. ★
Location				
Unit Letter F	1830	Feet From The North	Line and 1705	Feet From The West
Line of Section 31	Township 29N	Range 8W	, NMPM, San Juan County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Southern Union Gathering Company		P.O. Box 398, Bloomfield, New Mexico 87413		
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 31	Twp. 29N	Rge. 8W
		Is gas actually connected?		When
		No		Near future

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		X	X					
Date Spudded 5-25-77	Date Compl. Ready to Prod. 6-19-77		Total Depth 5075'		P.B.T.D. 5020'			
Elevations (DF, RKB, RT, GR, etc.) 6011' GL	Name of Producing Formation Blanco Mesa Verde		Top Oil/Gas Pay 4116'		Tubing Depth 4822			
Perforations 15 holes from 4921' - 4665'; 20 holes from 4545' - 4119'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8" Casing		225'		225 Sacks			
8-3/4"	7" Casing		2949'		350 Sacks			
6-1/8"	4-1/2" Casing Lnr.		2817' - 5075'		225 Sacks			
	2-3/8" Tubing		4832'					

IV. 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 8767 AOF	Length of Test 3 Hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 796	Casing Pressure (Shut-in) 796	Choke Size 3/4"

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.

A. D. Myers
(Signature)
Division Production Manager
(Title)
7-27-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by A. B. Vendrick

TITLE _____

This form is to be filed in compliance with RULE 1101.

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 only Sections I, II, III, and VI 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.