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| TRANSPORTER | OIL | / |
| | GAS | / |
| OPERATOR | | |
| 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 1-1-65

I. Operator
TENNECO OIL COMPANY
Address
1200 Lincoln Tower Building, Denver, Colorado 80203
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|---|--|-----------------------|
| Lease Name Florance | Well No. 24 | Pool Name, Including Formation Blanco M.V. | Kind of Lease State, Federal or Fee Federal | Lease No. SF080000 |
| Location Unit Letter A ; 790 Feet From The N Line and 990 Feet From The E Line of Section 23 Township 29N Range 9W, NMPM, San Juan 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"/> Permian Corporation | Address (Give address to which approved copy of this form is to be sent) Post Office Box #3119, Midland, Texas | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Southern Union Gathering Co El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) Post office Box #990, Farmington, New Mexico | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 23 | Twp. 29N | Rge. 9W | Is gas actually connected? NO | When |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 9-18-66 | Date Compl. Ready to Prod. 10-25-66 | | Total Depth 7015 | | P.B.T.D. 7011 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 5884 GR | Name of Producing Formation Blanco M.V. | | Top Oil/Gas Pay 4170 | | Tubing Depth 6664 | | | |
| Perforations 6906-69862HPF -- 6842-6776 2 HPF | | | | | Depth Casing Shoe 7019 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 6-1/4 | CASING & TUBING SIZE 4-1/2 | | DEPTH SET 7019 | | SACKS CEMENT 550 sx | | | |

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 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 7136 | Length of Test 3 hours | Bbls. Condensate/MMCF -- | Gravity of Condensate 3 |
| Testing Method (pitot, back pr.) Back pr. | Tubing Pressure (Shut-in) 72 | Casing Pressure (Shut-in) 402 PSI | Choke Size 3/4 |

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.

Kay Hanover
(Signature)
General Clerk
(Title)
9-20-68
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 25 1968
Original Signed by Emery C. Arnold
BY SUPERVISOR DIST. #3
TITLE

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 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.