HO. UP COPIES MECEIVED			
DISTRIBUTION	NEW MEXICO OIL	_ CONSERVATION_COMMISSIO	
SANTA FE.	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C
U.S.G.S.		AND	Litective 1-1-65
LAND OFFICE	AUTHORIZATION TO TI	RANSPORT OIL AND NAT	URAL GAS
OIL /			OKAL GAS
TRANSPORTER GAS			
OPERATOR			
PROBATION OFFICE			
Operator			
Tenneco Oil Co	mpany		
Address			
1860 Lincoln S	t. Suite 1200, Denver, Co	lorado 80295	
Reason(s) for filing (Check proper	•	Other (Please expl	ain)
Recompletion	Change in Transporter of:		
Change in Ownership	Oil Dry (₩	
If change of ownership give name		lensate [X]	
and address of previous owner			
DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including	Formation Kind	* SF 078201
Florance	!!		Federal or Fee Federal *
Location			i cderat "
Unit Letter C; 9	Feet From The North	ine and 2038 Fee	et From The West
Line of Section 1	Township 2911 Range	9W , NMPM,	San Juan County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G		
Name of Authorized Transporter of (Oil or Condensate	Address (Give address to which	h approved copy of this form is to be sent)
Plateau, Inc. Name of Authorized Transporter of C		Box 108, Farmin	aton N.M. 97401
	· · · · · · · · · · · · · · · · ·	Address (Give address to which	h approved copy of this form is to be sent)
El Paso Natural		Box 1492, El Pas	so, Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
		<u>Yes</u>	12-23-76
COMPLETION DATA	with that from any other lease or pool,	give commingling order numb	er:
Designate Type of Complet	Oll Well Gas Well	New Well Workover Dee	pen Plug Back Same Res'v. Dift. Res'v
Date Spudded	Date Compl. Ready to Prod.	X !	
8-14-76	8-28-76	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	5375 Top Otl/Gas Pay	4900'
5825 GL	Blanco Mesa Verde	3990'	Tubing Depth
Perforations			4828 Depth Casing Shoe
15 Holes - 4824	-4515';	15 Holes 4436'-3996	
	TUBING, CASING, ANI	D CEMENTING RECORD	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8" Casing	202 '	200 Sacks
8-3/4"	7" Casing	26871	390 Sacks
6-1/8"	4-1/2" Casing Ln		275 Sacks
	2-3/8" Tubing	4828'	
rest data and request in the contract of the c	FOR ALLOWABLE (Test must be a	fter recovery of total volume of lo pth or be for full 24 hours)	end oil and must be equal to a settine allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	
		, low, pump,	Aus in the second
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			JAN TAKE
Actual Frod. During Test	Otl-Bbls.	Water + Bble.	Vini
-			Gas-MCF OIL CON
SAC WEST			V DIST
Actual Prod. Tost-MCF/D	Length of Test	15:1.10	
AOF 7301	i -	Bbls.\Condensate/MMCF	Gravity of Condensate
Feating Method (pitot, back pr.)	3 Hours Tubing Pressure (Shat-in)	358 MCFin 3 Hrs.	
Back Pressure	563	Cosing Pressure (Shut-in) 739	Choke Size
ERTIFICATE OF COMPLIAN		<u> </u>	3/4"
	~~		ERVATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. A. A. M. M.		APPROVED, 19	
		TITLE	્રાયા કર્યો.
			d In annual to the second
		If this is a second for	d in compliance with RULE 1104. allowable for a newly drilled or despend
		(Sign	atures
Division Dundant	, v.,	tests taken on the well in	accordance with mill wasse

Division Production Manager

(Date)

If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 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.

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 and completed walls.