NO. OF COPIES RECT	IVLD	i	
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR			
PRORATION OFFICE			

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DISTRIBUTION	NEW MEXICO DIL CONSERVATION COMMISSION Form C-104		
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C- Effective 1-1-65		
FILE	AND		
U.\$.G.\$.	_ AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR			
PROPATION OFFICE		<u> </u>	
Operator			
Tenneco Oil Company	7		
P. O. Box 3249, Eng	rlewood, CO 80155		
Reason(s) for filing (Check proper be		Other (Please explain)	
New Well	Change in Transporter of:		
	Oil Dry Gas		
Recompletion	Casinghead Gas Condens	─ ───────────────────────────────────	
Change in Ownership			
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AN	D LEASE	1977-2-41	T t No
Lease Name	Well No. Pool Name, Including Fo	rmation Kind of Lea	i '
Florance	125 Basin Dakota	a State, Fede	eral or FeeFederal SF 078201
Location			
Unit Letter E : 79	O Feet From The North Line	and 800 Feet From	m The West
Omit Letter			
Line of Section 1	Township 29N Range	9W , NMPM, San J	uan County
II. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S	and the form is to be cent.
Name of Authorized Transporter of	Oil or Condensate XX	Address (Give adaress to which upp	proved copy of this form is to be sent;
Conoco		Box 460, Hobbs, New M	Mexico 88240
Name of Authorized Transporter of	Casinghead Gas or Dry Gas XX	Address (Give address to which app	proved copy of this form is to be sent)
El Paso Natural Ga	s	Box 990, Farmington,	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When:
give location of tanks.	E 1 29N 9W	No	ASAP
If this production is commingled	with that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA			Flug Back Same Resty. Diff. Resty
	Oli Well Gas Well	New Well Workover Deepen	Flug Edck Same Nes V. 2 Nes
Designate Type of Comple		X	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	7463'
4/28/81	7/27/81	7482	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Cil/Gas Pay	7270'
6305' gr.	Dakota	7435	Depth Casing Shoe
Perforations			Dept. Cabing bilot
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
12-1/4"	9-5/8" 36#	276'	225 sx
8-3/4"	7" 23#	3525	730 sx
6-1/4"	4-1/2" 10.5, 11.6		550 sx
	2-3/8"	7270'	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allo
OIL WELL	Bote 70 1100 01	prih or be for full 24 hours) Producing Method (Flow, pump, gas	
Date First New Oil Run To Tanks	Date of Test	producing Method (Fiber, Pamp, go	,,,
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Casing Fields	
		Water - Bbls.	AGE MOFILE IN
Actual Prod. During Test	Oil-Bbla.	Water - Date.	
			AUG 3 - 1981
			AUG3 - 150.
GAS WELL		Bbls. Condensate/MMCF	Olfar GOI Concession
Actual Prod. Test-MCF/D	Length of Test	Bals. Corporato, which	DIST. 3
1174	3 hrs.	Casing Pressure (Shut-in)	Shoke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	•	3/4"
Back Pressure	1760 PSI	1735 PSI	
VI. CERTIFICATE OF COMPLI	ANCE	OIL CONSER	VATION COMMISSION
			AUG 21 1981
I hereby certify that the rules s	nd regulations of the Oil Conservation	APPROVED Original Signed by	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by FRANK T. CHAVEZ	
		eupervisor district # 3	
		TITLE	
> OND		This form is to be filed	in compliance with RULE 1104.
/ / / / /			llowable for a newly drilled or deepen

ONA	
Darlikae	(Signature)
Production Analys	st
July 30, 1981	(Title)

(Date)

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. 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 filled for each pool in multiply