_	NO. OF COPIES RECEIVED 15					The state of the s
-	DISTRIBUTION	NEW MENIOD ON C	OUCEDIATION COM	ICCIONI	From C. I	^*
-			ONSERVATION COMM	1221014	Form C-1 Supersed	us es Old C-104 and C-110
-	SANTA FE	REQUEST	• =		Effective	
-	FILE	AUTHODIZATION TO TO	AND	LATUDAL C	AC .	
-	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND I	NATURAL G	AS	
+	LAND OFFICE					
	TRANSPORTER GAS					
-	OPERATOR /					
۱.	PRORATION OFFICE)
-	Tenneco Oil Comp	anv				
ŀ	Address					
- [1860 Lincoln St.	Suite 1200, Denver, C	olorado 80295			
Ì	Reason(s) for filing (Check proper box)		Other (Please	e explain)		
-	New Well	Change in Transporter of:	<u></u>	••		
	Recompletion	OII Dry Go				
	Change in Ownership	Casinghead Gas Conde	nsate LX			<u> </u>
1	f change of ownership give name	•				
	nd address of previous owner			···-		
					*SF 07	⁷ 8385
I.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.
	State, Federal or Fee					
j		1		State, Federal	l or Fee Fodox	* 1.5
	Florance	48 Blanco Mesa		State, Federal	l or Fee Feder	·al *
	Florance	48 Blanco Mesa	Verde	L.,		
	Florance	48 Blanco Mesa	Verde	State, Federal		*
	Florance Location Unit Letter A ; 890	48 Blanco Mesa	Verde	Feet From 7		County
	Florance Location Unit Letter A ; 890 Line of Section 23 Tow	48 Blanco Mesa Feet From The North Livenship 30N Range 8	Verde ne and 890 W, NMPN	Feet From 7	rhe East	
1.	Florance Location Unit Letter A : 890 Line of Section 23 Town	48 Blanco Mesa Feet From The North Livenship 30N Range 8 TER OF OIL AND NATURAL GA	Verde ne and 890 W , NMPN	Feet From 1	Feder The East	County
11.	Florance Location Unit Letter A : 890 Line of Section 23 Town DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	48 Blanco Mesa Feet From The North Livenship 30N Range 8 TER OF OIL AND NATURAL GA	Verde ne and 890 W , NMPN AS Acidness (Give address	Feet From 1	Feder	County rm is to be sent)
11.	Florance Location Unit Letter A : 890 Line of Section 23 Town DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc.	Feet From The North Line makin 30N Range 8 TER OF OIL AND NATURAL GA or Condensate X	Verde ne and 890 W , NMPN AS Address (Give address Box 108. F	Feet From 1 A. San to which approxi	East Juan ved copy of this fo	County rm is to be sent)
	Florance Location Unit Letter A : 890 Line of Section 23 Tow DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas	Feet From The North Line with 30N Range 8 FER OF OIL AND NATURAL GA or Condensate C	Ne and 890 No NMPh AS Address (Give address BOX 108, F Address (Give address	Feet From 1 A, San to which approx armington to which approx	Feder The East Juan ved copy of this for New Mexitated copy of this for	rm is to be sent) CO 87401 rm is to be sent)
11.	Florance Location Unit Letter A ; 890 Line of Section 23 Tow DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Southern Union 6	Feet From The North Line with 30N Range 8 FER OF OIL AND NATURAL GA or Condensate Conde	Ne and 890 No NMPh AS Address (Give address BOX 108, F Address (Give address	Feet From 1 A, San to which approx armington to which approx 898, Bloom	Feder The East Juan Ved copy of this for the copy of	rm is to be sent) CO 87401 rm is to be sent)
11.	Florance Location Unit Letter A ; 890 Line of Section 23 Tow DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Southern Union 6	Feet From The North Line with 30N Range 8 FER OF OIL AND NATURAL GA or Condensate Cond	Nerde Ne and 890 NMPN AS Address (Give address Box 108, F Address (Give address P.O. Box 3 Is gas actually connec	Feet From 1 A, San to which approx armington to which approx 898, Bloom	Feder The East Juan Ved copy of this for the copy of the copy of this for the copy of this for the copy of th	County rm is to be sent; iCO 87401 rm is to be sent; . 87413
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7. TEST DATA AND REQUEST FOR ALLOWABLE. (Test must be after recovery of total volume of load oil and must carried or exceed top allowable for this depth or be for full 24 hours)

OII. WELL

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Casing Pressure

Casing Pressure

Choke Size 2 1 1977

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

DIST. 3

GAS WELL Actual Prod. Test-MCF/D Length o	f Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Tubing P	Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

A . A
D.A. Myers
Division Production Manager
(Title)
1-17-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 21 197/
By Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. #3

This form is to be filed in cor pliance 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.