	NO. OF COPIES REC	EIVED	5	7				
	DISTRIBUTIO	ON .		7		NE	W ME	
	SANTA FE		7			146	.vv  vi_,	
	FILE		1 2	7			,	
	U.S.G.S.			7 4	UTHO	<b>1017</b>	ATIO	
	LAND OFFICE					J1 \ 1 &		
	TRANSPORTER	OIL GAS		-				
	OPERATOR	·		7				
1.	PROBATION OF	ICE						
•.	Operator	<del></del>	LL	<del></del>				
	Tenneco Oil Company							
	Address							
	P. O. Box 1714, Durango, Colorado 8							
	Reason(s) for filing (	Check p	roper box	,				
	New Well			CH	ange ir	Tran	sporte	
	Recompletion			01	1			
	Change in Ownership			Co	singhe	ad Ga	•	
ĮI.	DESCRIPTION OF Lease Name Florance	F WEL				۷٥،	Well 1	
	L						30	
	Location Unit Letter L		16	50 <sub>F</sub>	eet Fro	m The	,s	
		14	<b></b>	wnship	30N	ī		
ш.	DESIGNATION O	F TRA	NSPOR'	TER OI	OIL	ANI	NAT	
	i			_				
	Rock Isl						e Dev	
	Name of Authorized Transporter of Casinghea, Gas or Dry Southern Union Gathering							
	If well produces oil	or liquids		Unit	Sec		Twp.	
	give location of tank		•	L	1 14		30N	
	If this production is COMPLETION DA		ngled wi	th that f	rom an	y oth	er lea	

## XICO OIL CONSERVATION COMMISSION

Form C-104

			FOR ALLOWABLE	Supersedes Old C-104 and C-11 Ellective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL (					
	LAND OFFICE		ANSFORT OIL AND NATURAL (	<b>3</b> A3				
	TRANSPORTER OIL							
	OPERATOR ,	-						
1.	PROBATION OFFICE			·				
	Tenneco Oil Compa	ny						
	Address							
	P. O. Box 1714, Durango, Colorado 81301  Reason(s) for filing (Check proper box)  Other (Please explain)							
	New Well	Change in Transporter of:						
	Recompletion Oil Dry Gas Effective May 10, 1967							
	Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner							
Ņ.	DESCRIPTION OF WELL AND Lease Name	Lease No. Well No. Pool Na	ame, Including Formation	Kind of Lease				
	Florance	38 Blan	co Mesaverde	State, Federal or Fee Federal				
	Location L 1	650 Feet From The South	ne and 990 Feet From 1	<sub>rh.</sub> West				
	Unit Letter L; 1			ine				
	Line of Section 14 T	ownship 30N Range	8W , NMPM, San	Juan County				
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS					
	Rock Island Oil and Refining  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 328, FArmington, New Mexico							
	Name of Authorized Transporter of C		P. O. Box 328, FArmington, New Mexico Address (Give address to which approved copy of this form is to be sent)					
	Southern Union Ga		Fidelity Union Tower B					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  L 14 30N 8W	No Whe	n Approval				
	<u> </u>	<del></del>	······································	ii Appiovai				
	f this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v							
	Designate Type of Complet	cion — (X)	New Well Workover Deepen	Plug Back   Same Resty.   Diff. Resty.				
}	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	the (ett) mb) M1 on, etc.)							
	Perforations			Depth Casing Shoe				
		TUBING, CASING, ANI	D CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	- DEPTH SET	SACKS CEMENT				
				OF II A				
				- Aftived \				
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be exceed topallowable for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif					
	Length of Test	Tubing Pressure	Casing Pressure	Table Control Control				
				DIST. 3				
	Actual Prod. During Test	Oil-Bble.	Water - Bble.	Gds-MCr				
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate				
	Actual Prog. 1001-MCF/D	Langua or reac	Butter Conditionally Marion	G				
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size				
			OU CONSERVA	TION COMMISSION				
VI.	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 makenowledge and belief.							
			APPROVED MAY 1 1967 19 19 19 19 19 19 19 19 19 19 19 19 19					
	60-7-1		This form is to be filed in compliance with RULE 1104.					
	R A Ford (Signature)		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					
	G. A. Ford (Signature Senior Production	-	tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-					
	C	Title)	able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner,					
	May 9, 1967 (Date)		well name or number, or transport	er, or other such change of condition.				
	,	•		t be filed for each pool in multiply				
			H combining manage					