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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

Operator Tenneco Oil Company	
Address P. O. Box 1714, Durango, Colorado	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Effective first delivery	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 69	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Fed	Lease No. SF 080246
Location				
Unit Letter C	990	Feet From The North	Line and 1835	Feet From The West
Line of Section 27	Township 29N	Range 9W	, NMPM, San Juan County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 27
	Twp. 29	Rge. 9
	is gas actually connected? No	
	When On Approval	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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 3/31/66	Date Compl. Ready to Prod. 4/13/66		Total Depth 2190		P.B.T.D. 2119			
Elevations (DF, RKB, RT, GR, etc.) 5605 Gr.	Name of Producing Formation Blanco Pictured Cliffs		Top Oil/Gas Pay 2052		Tubing Depth None			
Perforations 2052-2070					Depth Casing Shoe 2187			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		119		100			
7-7/8"	3-1/2"		2187		250 sx			

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 3687	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) 944	Choke Size 3/4"

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.

M. K. Wagner
M. K. Wagner (Signature)

(Title)
December 15, 1967
(Date)

OIL CONSERVATION COMMISSION

DEC 18 1967

APPROVED _____, 19 _____

Original Signed by Emery C. Arnold

TITLE SUPERVISOR IN CHARGE

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 logs run 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.