

NO. OF COPIES RECEIVED		1
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		
PRORATION OFFICE		

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 81301		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective first delivery
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		
If change of ownership give name and address of previous owner		

Lease Name Florance	Well No. 74	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Fed	Lease No. SF 080246
Location Unit Letter N ; 925 Feet From The South Line and 1770 Feet From The West Line of Section 27 Township 29N Range 9W , NMPM, San Juan County				

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	Sec.	Twp.	Rge.	Is gas actually connected?		When	

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

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 4/10/67	Date Compl. Ready to Prod. 5/9/66		Total Depth 2271		P.B.T.D. 2198				
Elevations (DF, RKB, RT, GR, etc.) 5715 Gr.	Name of Producing Formation Blanco Pictured Cliffs		Top Oil/Gas Pay 2130		Tubing Depth None				
Perforations 2130-2148						Depth Casing Shoe 2269			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		126		100				
7-7/8"	3-1/2"		2269		275				

V. 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 968	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 886	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION DEC 26 1967	
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.		APPROVED _____ BY Original Signed by Emory C. Arnold TITLE SUPERVISOR DIST. 23	

M. K. Wagner
M. K. Wagner (Signature)
(Title)
December 18, 1967
(Date)

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 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.