						/		
i.	NO. OF COPPLES RECEIVED							
,	DISTRIBUTION	NEWA		ONSERVATION COMM	IISSION		Form C-104	
	FILE		REQUEST FOR ALLOWABLE			•	Supersedes Old C-104 and C-110 Effective 1-1-65	
-	U.S.G.S.	4 UTHODIZAT	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
ſ	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	TRANSPORTER OIL							
	GAS /							
ļ	OPERATOR /							
1.	PRORATION OFFICE Operator	<u></u>						
!	Tenneco 011 Company							
i I	(cdress							
	P. O. Dem 1714, Durango, Colorado 81301							
į	Reason(s) for filing (Check proper box)			Other (Pleas	e explain)			
	New Well Change in Transporter of: Recompletion Oil Dry Gas Effective first delivery							
	Change in Ownership Casinghead Gas Condensate							
į								
	If change of ownership give name and address of previous owner							
11.]	description of well and i	LEASE			Kind of Lagr		T and No	
	Lease Name Well No. Pool Name, Including Florance 75 Aztec Pictur							
	Location	/J AZEC	- I I C C C C C C C C C C C C C C C C C	C OILLID	1			
	H 185	Feet From The	North	1030	Feet From	The East		
	Unit Letter;;							
ļ	Line of Section 35 Tow	vnship 29N	Rar.ge	SW , NMPA	л,	San Juan	County	
	-							
	DESIGNATION OF WIMANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND N	NATURAL GA	AlS Address (Give address	to which appr	oved copy of this form	is to be sent)	
	None							
	Name of Authorized Transporter of Casinghead Gas or Dry Gas 💢 Address (Give address to which approved copy of this form is to be sent)							
	El Paso Natural Gas Company P. O. Box 990, Farmington, New MEXICO							
	If well produces oil or liquids,	Unit Sec. T	wp. Rge.	ls gas actually connec	ted? W	hen		
	give location of tanks.	1	· · · · · · · · · · · · · · · · · · ·					
	If this production is commingled wit	th that from any other	lease or pool,	give commingling orde	r number:			
V Comment of the second of the	COMPLETION DATA	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.	
	Designate Type of Completic	on - (X)	x	x	i			
	Date Spudded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.		
	4/22/33	6/10/66		Top Oil/Gas Pay		2159 Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo		i			None	
	5370 Gr. Aztec Pictured Cliffs		ed Cities			Depth Casing Shoe		
	2094-2115 Pictured Cliffs					2219		
	2004 21120 1 1000100	TUBING	, CASING, AN	D CEMENTING RECO	RD			
	HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
	12-1/4"	8-5/8"		127			150	
	7-7/8"	3-1/2"		2219		250		
							<u>`</u>	
٠,	TEST DATA AND REQUEST F	OP ATTOMABLE	(Test	ijer recovery of total vol	ume of load of	l and must be equal to	or exceed top allow	
٧.	OH WELL		able (distribute	eath or be for full 24 how	·s)			
:	Date First New Oil Run To Tanks	Date of Test	Still Fr	Producing Method (Flo	w, pump, gas	lift, etc.)		
		Tubing Pressure	444	Casha Pressure		Choke Size		
	Length of Test	. uning Pressure	10/2	-ONE				
	Actual Proc. During Test	Oil-Bbls.	CE 130	e Water-Ubls.		Gas - MCF		
				(h)				
	OH WELL Date First New Off Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Choke Size Actual Proc. During Test Oil-Bbls. Oil-Bbls. Gas-MCF GAS WEY T							
	GAS WELL					1 C		
	Actual Prod. Test-MCF/D	Length of Test			Bbls. Condensate/MMCF		Gravity of Condensate	
	3538	3 hrs Tubing Pressure (Sha	· - 4 m \	Coming Pressure (Shu	t-in)	Choke Size		
	Testing Method (pitot, back pr.)	. during ressaure (Sin	.u-am j	838	•	3/4"		
	Back Pr.				OIL CONSERVATION COMMISSION			
VI.	CERTIFICATE OF COMPLIANCE							
	I hereby certify that the rules and regulations of the Oil Conservation			APPROVED				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		evOriginal Signed by Theory C. Arnold					
		•		11				

M. K. Wagner (Signature)

(Title)

December 18, 1967

(Date)

SUPERVISOR BUT TO

This form is to be filed in compliance with RULE 1134.

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.

TITLE

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.