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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

I. OPERATOR

Operator
TENNECO OIL COMPANY

Address
1860 Lincoln St., Suite 1200 Lincoln Twr. Bldg, Denver, CO 80203

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 36A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. NM-01271
Location				
Unit Letter P	815	Feet From The South	Line and 1100	Feet From The East
Line of Section 3	Township 30N	Range 8W	, NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau Refining	P. O. BOX 108, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gas Co.	Fidelity Union Twr., Dallas, Texas 75201
If well produces oil or liquids, give location of tanks.	Unit P Sec. 3 Twp. 30N Rge. 8W
Is gas actually connected?	no

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 6/12/75	Date Compl. Ready to Prod. 8/13/75	Total Depth 5670'	P.B.T.D. 5632'					
Elevations (DF, RKB, RT, GR, etc.) 6189GL	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 3064	Tubing Depth 4812					
Perforations 2761 - 2851, 5259-5398, 5012-5179, 4866-4976, 5011 & 5022	Depth Casing Shoe 5670.							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8" K-55 36#	201'	200 sx.					
8 3/4"	7" K-55 23#	3458'	500 sx.					
6 1/8"	4 1/2" K-55 11.6#	5668'	30 sx. liner					
	2 3/8" tubing +2 1/16"	5632'						

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 3856	Length of Test 3 hrs.	Bbls. Condensate/MMCF NA	Gravity of Condensate
Testing Method (pitot, back pr.) Back pr.	Tubing Pressure (shut-in) 744	Casing Pressure (shut-in) pkr	Choke Size 3/4"

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.

[Signature]

(Signature)
[Title]

(Title)
[Date]
September 2, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 29 1975**

BY Original Signed by A. R. Kendrick

SUPERVISOR DIST. #3

TITLE _____

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.