NO. OF COPIES RECEIVED			15		
DISTRIBUTION					
SANTA FE	1				
FILE		1	L		
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL	1			
	GAS	1			
OPERATOR		/			
PRORATION OF					
Operator		11	_		

 a_{i}^{*}

	SANTA FE /		DNSERVATION COMMISSION	Form C-104			
	FILE / L	REQUEST FOR ALLOWABLE Supersedes Old C-104 an Effective 1-1-65					
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
- 1	OIL /						
	TRANSPORTER GAS /						
	OPERATOR /						
	PROBATION OFFICE						
B.	Operator						
	Tenneco Oil Compai						
	1860 Lincoln St., Suite 1200, Denver, Colorado 80203						
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New We!1 X Change in Transporter of:						
	Recompletion	Oil Dry Gas	s []				
	Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND I	EASE		14-08-001-2440			
	Lease Name						
	Florance 32A Blanco Mesa Verde State, Federal or Fee F 99 See Abo						
	Location						
	Unit Letter F : 1703 Feet From The North Line and 1850 Feet From The West						
							
	Line of Section 15 Tow	nship 30N Range 8	W , NMPM, San	Juan County			
III.	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil						
Kdille of Authorized Transportar or on							
	Thriftway Inc.	Day Cas FV	P.O. Box 1367, Farmington, N.M. 87401 Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Cas		P. O. Box 398, Bloomfield, N. M. 87413				
	Southern Union Gat	,	Is gas actually connected? Whe				
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	No '				
	give location of tanks.	<u> </u>	<u> </u>				
	If this production is commingled with that from any other lease or pool, give commingling order number:						
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio		X				
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded 6/24/76	7/29/76	5055'	5001'			
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.) 5760' GR	Blanco Mesa Verde	4315'	4855'			
		Dianco Mesa Verde	4313	Depth Casing Shoe			
	Perforations 9 Holes from 4842	' - 4713' and 10 Holes f	rom 45921 - 42151	None set			
	7 110 103 11 0111 10 12	TURING CASING AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4"	9-5/8"	209'	240 Sacks			
	8-3/4"	7"	2975'	375 Sacks			
	6-1/8"		2728' - 5046'	245 Sacks			
		2-3/8" Tubing					
•	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo						
٧.	and the lot first the lot of the						
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				(, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF			
				<u> Essaladore</u>			
	TERM SOM /						
	GAS WELL		Tax a same	Stravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	4594 A0F	3 Hours	Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	•				
	Back Pressure	547	594	3/4"			
VI.	CERTIFICATE OF COMPLIANO	CE CE		TION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		ADDOVED				
			APPROVED				
	Commission have been complete to the	the and that the information given best of my knowledge and belief.	By Original Signed	1 by A. II.			
	above is true and complete to the best of my knowledge and belief.						
			TITLE				
	20 V 20		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.				
	A. H. Maye	11					
	Signo	ature)					
	Division Produ						
	(Tie						
9-20-74			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.				
	(Da	ite)	well name or number, or transporter, or other such change of conditions Separate Forms C-104 must be filed for each pool in multiply				
			Separate Forms C-104 must be filed for watch poor in managery				