

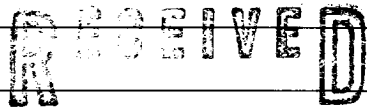
STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Tenneco Oil Company E & P WRMD		<div style="text-align: center;">  JUN 14 1985 OIL CON. DIV DIST. 3 </div>
Address P. O. Box 3249, Englewood, CO 80155		
Reason(s) for filing (Check proper box)	Other (Please explain)	
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 48A	Pool Name, including Formation Florance Fruitland Est.	Kind of Lease State, Federal or Fee USA SF	Lease No. 078385
Location				
Unit Letter 0 : 1060 Feet From The South Line and 1680 Feet From The East				
Line of Section 23 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"/> Gary Energy Corp	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"/> Southern Union Gathering	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, NM 87125			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 23	Twp. 30N	Rge. 8W
	Is gas actually connected? No		When ASAP	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Don H. Morrison
(Signature)
Sr. Regulatory Analyst
(Title)
June 11, 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED *Frank J. Davis* **JUN 14 1985**
BY _____
TITLE **SUPERVISOR DISTRICT # 3**

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 Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)									
Oil Well		Gas Well		New Well		Workover		Deepen	
Plug Back		Same Res'v.		Diff. Res'v					

Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
Elevations (D.F., RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Perforations		Depth Casing Shoe					

HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
				Choke Size	
				Gravity of Condensate	