	OISTRIBUTION	NEW MEXICO OIL	CONSERVATION COM	MISSION	/	/ t		
	SANTA FE	REQUEST	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			Form C-104 Superseder Old C-164 and C- Effective 1-1-55		
	TRANSPORTER OIL /		AND ON ONE MAD	NATURAL GA	15			
1.	OPERATOR Z PRORATION OFFICE Operator					,		
	Tenneco Oil Company							
	1860 Lincoln, Suite 1200 Denver, Colorado 80295 Reasonis) for filing (Check proper box) Other (Please explain)							
	Recompletion Change in Ownership	Change in Transporter of: Oil Dry G Casinghead Gas Conde	as					
	If change of ownership give name and address of previous owner							
H.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including F	Formation	Kind of Lease	* SF 078578			
	Howell Location	1A Blanco Mesa		State, Federal o	Fee Federal	Lease No.		
	Unit Letter 1; 18	50 Feet From The South Li	ne and 1105	Feet From The	<u>East</u>			
	Line of Section 20 To	waship 30N Range	. NMP!	4. San J	luan	County		
III.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Or Plateau Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico 87401						
	Southern Union Gathering Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 398, Bloomfield, New Mexico 8741			-		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pige. I 20 39N 8W	Is gas actually connect	ed? When				
	<u> </u>	th that from any other lease or pool,	NO give commingling orde		Near future	•		
. · ·	Designate Type of Completi-	New Well Workover	Deepen F	Plug Back Same Res'v.	Diff. Res'v			
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	1	P.B.T.D.	<u>†</u> 		
	4-7-77 Elevations (DF, RKB, RT, GR, etc.)	5-11-77 Name of Producing Formation	5014 Top 0!1/Gas Pay		4935 Tubing Depth			
	5749'	Blanco Mesa Verde	.4093'		4826'			
	Perforations 20 holes from 4915'-45!	55'; 20 holes from 4505'-	-4095'		Depth Casing Shoe			
		TUBING, CASING, AN						
	HOLE SIZE 12-1/4"	9-5/8" Casing	DEPTH 5	ET	SACKS CEMEN	Т		
	8-3/4"	7" Casing	2965		225 450			
	6-1/8"	4-1/2" Casing Lnr	2837'-50)13'	225			
Į	mriam nama" Anin menaniman	2-3/8" Tubing 4826'						
	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)							
ĺ	Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, et					
	Length of Test	Tubing Pressure	Casing Pressure		MAV & 1 1077	1		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		ON CONTRACTOR			
	GAS WELL							
•	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate			
	11478 AOF Testing Method (pitot, back pr.)	3 Hours Tubing Pressure (shat-in)	-0- Casing Pressure (Shut	-in) (ai-	-O- Choke Size			
	Back Pressure	642	853'		3/4"			
	ERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					
	hereby co-tify that the rules and r ommission have been complied w yove is true and complete to the	Original Signed by A. R. Kendrick BY TITLE SUPERVISOR DIST. #3 This form is to be filed in compliance with RULE 1104. If this is a request for all people for a newly drilled or deepened well, this form must to accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
	A. O. n							
	N.O. N. (Signa							

Division Production Manager

(Title) 27.17

(Date)

If this is a request for allowable for a newly drilled or deepened well, this form must to accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 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

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