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HO. OF COPIES MECKIVED S			
DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104
SANTAFE	REQUEST	FOR ALLOWABLE	Supersedes Old C-10s and C-11
FILE,		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS
LAND OFFICE			
TRANSPORTER OIL	<u>-</u>	•	
OPERATOR /			
PROBATION OFFICE			
Operator			
Tenneco Oil Com	pany		
Address	0 11 1000 0	1 00005	
	. Suite 1200, Denver, Colo		
Reason(s) for filing (Check proper b		Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil Dry Ga		
Change in Ownership	Casinghead Gas Conden	₩	
		Gains	
If change of ownership give name and address of previous owner			
and address of previous owner			+CE 07050C 1
DESCRIPTION OF WELL AND	D LEASE [Well No.: Pool Name, Including Fo	ormation   Kind of Lease	*SF-078596-A
Lease Name		i	or Fee Federal *
Florance	35A Blanco Mes	sa verue	arra reactur
_	105 South	.1895	<sub>ba</sub> East
Unit Letter U; 1.	105 Feet From The South Lin	e and TOTO Feet From T	ne
Line of Section 18	Counship 30N Range	8W , NMPM,	San Juan County
Ellie of Section			
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of C	M etpsaebnoo no	Address (Give address to which approv	,
Plateau, Inc.	Casinghead Gas or Dry Gas XX	Box 108, Farmington, Address (Give address to which approv	
i .	e of Authorized Transporter of Castinghead Gas or Dry GasXX Address (Give address to which approved cop  Southern Union Gathering Company P.O. Box 398, Bloomfield		* * * * * * * * * * * * * * * * * * * *
	Unit Sec. Two. Rge. Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	0 18 30N 8W	no	Near Future
<u> </u>	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty
	1	X	P.B.T.D.
Date Spudded 1/22/77	Date Compl. Ready to Prod. 2/24/77	Total Depth 5570 '	5519'
Elevations (DF, RKB, RT, GR, etc.		Top Otl/Gas Pay	Tubing Depth
6297 'GL	Blanco Mesa Verde	4552'	5488'
Perforations			Depth Casing Shoe
20 holes 5501'-5126'	; 19 holes 5070'-4556'		
		CEMENTING RECORD	<del></del>
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 225 Sacks
12-1/4"	9-5/8" Casing	3580'	600 Sacks
8-3/4"	7" Casing 4-1/2" Casing Ln		260 Sacks
6-1/8"	2-3/8" Tubing	1	
TEST DATA AND PROUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow
OIL WELL	Bote for this de	pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas ii)	ι, εισ.)
	The Design	Casing Pressure	Choke Signature
Length of Test	Tubing Pressure		
Actual Prod. During Test	Otl-Bbls.	Water-Bble.	Gar-Man Lange
Action 1 tool 2 only			1 100
I			WARCE, DIRECT
GAS WELL			OIL CON COM
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Granty of Condensate
17,370 AOF Testing Method (pitot, back pr.)	3 Hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choxe Size
Back Pressure	691	921	3/4"
L		<del></del>	TION COMMISSION
CERTIFICATE OF COMPLIA	MITOE		
I hereby certify that the rules or	d regulations of the Oil Conservation	APPROVED MAR	13-25-77, 19
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.		DV Waluell k	
above is true and complete to	the best of my knowledge and belief.	PEUR LA COMP	7 7 7 7 7
		TITLE	The state of the s
1.1.10		This for is to be filed in compliance with RULE 1104.	
10.10. Marie (Signature)		If this is a request for allowable for a newly drilled or despended, well, this form must be accompanied by a tabulation of the deviation	
		tests taken on the well in accor	dance with MULE 111.
Division Production Manager (Title)		All sections of this form mu	st be filled out completely for allow
I	[ 4 *****/	able on new and recompleted we	

3-14-97

(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fitl 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.