

REQUEST FOR ALLOWABLE AND

Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	2
PERORATION OFFICE	

Operator  
Tenneco Oil Company

Address  
1860 Lincoln, Suite 1200 Denver, Colorado 80295

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

\* SF-080000

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 26A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. *
Location Unit Letter <u>D</u> ; <u>1085</u> Feet From The <u>North</u> Line and <u>885</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>29N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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 <u>D</u> Sec. <u>25</u> Twp. <u>29N</u> Rge. <u>9W</u>	Is gas actually connected? <u>No</u> When <u>Near future</u>

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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-26-77	Date Compl. Ready to Prod. 5-25-77	Total Depth 4942'	P.B.T.D. 4849'					
Elevations (DF, RKB, RT, CR, etc.) 6029' GL	Name of Producing Formation Blanco Mesa Verde	Top Oil/Gas Pay 4053'	Tubing Depth 4824'					
Perforations 18 holes from 4580' - 4819'; 18 holes from 4056' - 4529'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8" Casing	215'	225 sacks					
8-3/4"	7" Casing	2800'	450 sacks					
6-1/8"	4-1/2" Casing Lnr	2623' - 4922'	215 sacks					
	2-3/8" Tubing	4824'						

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	Days 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 7295 AOF	Length of Test 3 Hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 647	Casing Pressure (Shut-in) 709	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.

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_

BY ORIGINAL SIGNATURE

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 deviated tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-comparted wells.

\_\_\_\_\_  
(Signature)  
Division Production Manager  
(Title)  
\_\_\_\_\_  
(Date)