(NO. OF COPIES RECEIVED		6			
Ì	DISTRIBUTION					
	SANTA FE					
	FILE		(
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL	1			
		GAS	1			
	OPERATOR		2			
	PRORATION OFFICE			<u> </u>		
	Tenneco Oil Compa					
	1860 Lincoln St.					
	Reason(s) for filing (Check proper box) New We!! Recompletion					

Γ	DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C-104			
	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65			
	FILE						
ľ	U.S.G.S.	_ AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS			
Ī	LAND OFFICE	_					
ľ	TRANSPORTER OIL /						
1	GAS	_					
Ì	OPERATOR 2						
1.	PRORATION OFFICE	· · · · · · · · · · · · · · · · · · ·					
	Operator Tonnoco Oil Com	namy.					
	Tenneco UTT Comp	Tenneco Oil Company					
1	Address	Suita 1200 Danuar Cala	orado 80295				
		1000 Lincoln St. Care 2200, Committee					
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well X	Change in Transporter of:					
	Recompletion	Oil Dry Gas	一一				
	Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name and address of previous owner						
	and account of participation			*SF-080000			
II.	DESCRIPTION OF WELL AND	LEASE Including Ed	ormation Kind of Lease				
Ì	Lease Name	Well No. Pool Name, including Fo	1				
	Florance	27A Blanco Mes	sa verue	or Fee Federal *			
	Location	APP Manual		Most			
	Unit Letter E ; 1	455 Feet From The North Line	e and 945 Feet From T	he WESL			
				San Juan County			
	Line of Section 26 T	ownship 29N Hange 9	, NMPM ,	Sall Judii County			
ш.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate X Address (Give address to which approved copy of this form is to be sent)						
	Name of Authorized Transporter of C	or Condensate	Address (Give address to which approv				
	Plateau, Inc.		Box 108, Farmington, Address (Give address to which approv	N.M. 8/4U1 red copy of this form is to be sent)			
	Name of Authorized Transporter of C						
	Southern Union Gathering Company P.O. Box 398, Bloomfield, New Mexico						
	If well produces oil or liquids,	Unit Sec. Twp. Fige.	1	Wear furture			
	give location of tanks.	E 26 29N 9W	<u> </u>	TCUI FUI CUI C			
	If this production is commingled v	with that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v			
	Designate Type of Complet	ion - (X)	1 1				
		, , ,	X Total Depth	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 49291	4839'			
	5-7-77	6-4-77	4929 Top O!1/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	3944 '	4716'			
	5819' GL	Blanco Mesa Verde	3344	4/10 Depth Casing Shoe			
	Perforations	om 47061 42001. Donald	17 holes from 12221, 201				
	Perf'd 13 holes from 4786' - 4388'; Perf'd 17 holes from 4222'-394@' TUBING, CASING, AND CEMENTING RECORD						
			DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	214'	225 Sacks			
	12-1/4"	9-5/8" Casing		375 Sacks			
	8-3/4"	7" Casing	27021	225 Sacks			
	6-1/8"	4-1/2" Casing Ln	7. 2950' - 4929' 4716'	223 30003			
		2-3/8" Tubing					
v.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allou			
	OIL WELL						
	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas tift, etc.)						
		The Control of the Co	Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure	13000				
		Oil-Bbls.	Water-Bbls.	Gas - MCF			
	Actual Prod. During Test	OII - Bhia.	▼ 3 % · · · · · · · · · · · · · · · · · ·				
			1	Secretary of			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate.			
	1	3 Hours	0	-0-			
	2707 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back Pressure	567'	648'	3/4"			
			<u> </u>	ATION COMMISSION			
VI.	CERTIFICATE OF COMPLIA	NCE					
	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.		APPROVED	, 19			
			Original Signed by A. R. Landrick				
			By Original Signed by A. R. L. nariox				
			TITLE SUPERVISOR DIST. #3				
			1 1				
			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.				
	12	and.					
	(5)	znature)					
	Division General Manager (Title) (-24-77 (Date)		All sections of this form must be filled out completely for allow able 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				