		-			
to. of		114.0	1		
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE			1		
TRAMSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Cpereum Tenneco Oil Comp					
Address	P.O.	Box 3	249	. E	
Reesen(s)				•	
	im title	X	, oper	JJ1,	
New Well					

	SANTA FE	REQUEST F	Supersedes Old C-104 and C-			
	FILE	AND Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	NS		
	LAND OFFICE					
	TRANSPORTER GAS					
	OPERATOR					
	PRORATION OFFICE					
8.	Operator					
	Tenneco Oil Compa	ny				
	Address D.O. Roy 3249 Fr	glewood, CO 80155				
	Reeson(s) for filing (Check proper box)	grewood, co borro	Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oti Dry Gas				
	Change in Ownership Cesinghead Gas Condensate					
,	If change of ownership give name					
	and address of previous owner					
-	DECOMPONION OF WELL AND I	EASE /				
и.	DESCRIPTION OF WELL AND L	Well No. Pool Manual Mercaing For	emation Kind of Lease	Lease No.		
	Sullivan Frame (G.U.)	A 1E Blanco Mesa	averde State, Federal	er Fee Fee		
	Location					
	Unit Letter A : 990	Feet From The North Line	and 790 Feet From T	he <u>East</u>		
		2011	IOW . NMPM. S	an Juan County		
	Line of Section 30 Tow	nship 29N Range]	LOW , NMPM, So	an buan county		
IN.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	s			
••••	Name of Authorized Transporter of Oil	or Condensate 🔯	Address (Give address to which approv			
	Giant Refining		•	Box 256, Farmington, New Mexico 87401		
	Name of Authorized Transporter of Cas.	inghead Gas er Dry Gas XX.	Address (Give address to which approv			
	El Paso Natural Gas	Unit Sec. Twp. P.ge.	Box 990, Farmington, New Mexico 87401 Is gas actually connected? When			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. A 30 29N 10W	No.	ASAP		
				•		
TV	If this production is commingled with COMPLETION DATA	h that from any other lease or pool, i	live Commingiting order number.			
		Oti Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest		
	Designate Type of Completion	1	X	1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 6356	P.B.T.D. 6337'		
	10/11/80 Elevetions (DF, RKB, RT, GR, etc.,)	12/24/80 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
,	5502' gr.	Mesaverde	3642'	3959'		
	Perforations 3642-46', 3653-	-54', 3661-63', 3721-22'	, 3748-49', 3753-54', 38	56-58', 3861-66', 3890-91'		
	3895-96', 3952-54', 400	09-11', 4066-71', 4075-77	7', 4095-96', 4103-06',	4185-86', 4193-94',		
	4206-07', 4260-64', 428	16-87' TUBING, CASING, AND	CEMENTING RECORD 4322-	23', 4344-45', 4366-67'		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/4"	9-5/8" 36# 7" 23#	266! 4650'	300 sx 1st; 270 sx, 2nd; 528 sx		
	8-3/4"	7" 23# 4-1/2" 10,5#	6355'	294 sx		
	6-1/4"	2-3/8"	3959'	1232 03		
•	TEST DATA AND REQUEST FO	OR ALLOWABLE Cleat must be at	feer recovery of socal volume of load oil	and must be equal to or exceed top alic		
٧.	OII. WELL	able for this de	pth or be for full 24 hours)			
	Date First New Oil Run To Tanks					
		Tubing Presewe		Choke Size		
	Length of Teet	Tubbid Pressure	Cosing Pressure			
	Actual Pred. During Test	Oti-Bbie.	Weter-Bbls.	Gas-MEF		
	<u> </u>					
				10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	GAS WELL Actual Prod. Toot-MCF/D	Length of Tost	Bbis. Condensate/MMCF	Gravity of Condensate		
		3 hrs.				
	Q= 2207 Testing Method (putot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-is)	Chore Size		
	Back Pressure 1175 OSI		1225 PSI	1/2"		
VI	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION		
			APPROVED NI / 1 9 1981			
	I hereby certify that the rules and t	with and that the information given	Original Signed by FRANK T. CHAVEZ			
Commission have been complied with and that the information given above is true and complete to the beat of my knowledge and belief.			BY Original Signed by FRANK 1. CHAVE			
			TITLE SUPERVISOR DISTOICT # 3			
			II:	compliance with RULE 1104.		
			To a la de a compant for alloy	wakte for a newly drilled or deepen		
(Signature)			II farm must be second	well, this form must be accompanied by a tabulation of the deviation that taken on the well in accordance with RULE 111.		
Assistant Division Administrative Manager			All sections of this form must be filled out completely for allo			
	-	tle)	able on new and recomplated walls.			
	January 19, 1981		Fill out only Sections I. I well name or number, or transpor	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 multip		
	(Di	nc)	Separate Forms C-104 mus			
			il seemtered matte			