BO. JF COPIES RECE			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR			I

- }	DISTRIBUTION		OR ALLOWABLE	Supersedes Old C-104 and C-		
ļ	SANTA FE	•		Effective 1-1-65		
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				, c		
-	U.S.G.S.	AUTHORIZATION TO TRAN	ISPURT OIL AND NATURAL GA	.5		
Į	LAND OFFICE					
ı	TRANSPORTER OIL					
1	GAS					
	DPERATOR					
	PRORATION OFFICE					
•	Operator					
ŀ	Tenneco Oil Com	pany				
	Address					
	Box 3249, Engle	wood CO 80155				
	BOX 324), Lingte	Wood, 00 00.795	Other (Please explain)			
	Reason(s) for filing (Check proper 802)					
	New Well	Change in Transporter of:	<u>_ </u>			
	Recompletion	Oil Dry Gas	=			
	Change in Ownership	Casinghead Gas Condens	ate []			
	If change of ownership give name					
	and address of previous owner					
		FACE				
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No		
	Lease Name	1E Blanco Mesave		er Fee Federal NM 03561		
	Sullivan Gas Unit A	TL Branco nesave				
	Location	C =	810Feet From T	. West		
	Unit Letter M : 99	O Feet From The South Line	andFeet From T	he		
				luon		
	Line of Section 25 Tow	mship 29N Range 1	1W , NMPM, San J	uan County		
	2					
	PERIONATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S			
ш.	Name of Authorized Transporter of Oil	or Condensate X	***************************************			
	1		Box 256, Farmington, Ne Address (Give address to which approv	ew Mexico 87401		
	Giant Refining Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address ifive address to which approv	ed copy of this form is to be sent)		
			Box 990, Farmington, N	ew Mexico 87401 —		
	El Paso Natural Gas	Ithit Sec. Twp. P.ge.	ls are actually connected? Whe	n		
	If well produces oil or liquida,	, 0		ASAP		
	give location of tanks.	! M	No No	ASAI		
	es at its annual est in commingled will	th that from any other lease or pool,	give commungling order number:			
T3/	COMPLETION DATA		·	Plug Back Same Res'v. Diff. Res'		
3 V .		O.,	New Well Workover Deepen	Pied Back Same New York		
	Designate Type of Completic	on = (X)	: x			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded	03/31/81	6430'	6420'		
	12/15/80	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)		4070'	4142'		
	5589' gr	Mesaverde	40/0	Depth Casing Shoe		
	Perforations 4070-741, 41	18-22', 4128-30', 4139-41	1', 4146-50', 4166-66',			
h22h-28! h245! 4252! 4306-08!						
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
	12-1/4"	9-5/8" 36#	283'	210sx		
	8-3/4"	7'' 23#	4750'	1st: 385sx; 2nd: 535sx		
		4-1/2" 10.5#	64301	b25sx		
	6-1/4"	(0)	: 41421	i		
] 2-3/8"	t	and must be sound to or exceed top alic		
v	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	feer recovery of total volume of toda of	and mast of equation of the same		
Ť	OIL WELL		Producing Method (Flow, pump, gas li	ft. etc.)		
Date First New Oil Run To Tanks Date of Test				•		
				Chore Size		
	Length of Test	Tubing Pressure	Casing Pressure	aril 1		
				- CLANCE		
	Actual Prod. During Test	Oil-Bale.	Water - Bbls.	AMITA INLU V		
	Weiner Line: Daniel	1		1 1 men man o		
				JUN 22 1981		
				JUNES 1991		
	GAS WELL	Length of Test	Bbis. Condensate/MMCF	A BLETT CO Eping COM		
	Actual Prod. Test-MCF/D			DIST 3		
	1156	3 hrs.	Casing Pressure (Shut-12)	Capte Size		
	Testing Method (putot, back pr.)	Tubing Pressure (Shut-in)		2		
	Back Pressure	1325 psi	1325 psi	A TION COMMESSION		
•		CERTIFICATE OF COMPLIANCE		A 110N COMB' 371001		
▼.	. CERTIFICATE OF COME BILL			OIL CONSERVATION COMMISSIONS		
	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. Administrative Supervisor (Title)		APPROVED			
			TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 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 owns.			
			II and I have or number, or transporter, or other seem con-			
		Date)	Sanarata Forms Color mu	st be filed for each pool in multip		
			assistant matte			