

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

I. Operator
Tenneco Oil Company

Address
P. O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 117E	Pool Name, Including Formation Jc Chacra	Kind of Lease State, Federal or Fee Federal SF	Lease No. 080247
Location Unit Letter H 1780 Feet From The North Line and 990 Feet From The East Line of Section 35 Township 29N Range 9W, NMPM, San Juan 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"/> Conoco	Address (Give address to which approved copy of this form is to be sent) Box 460, Hobbs, New Mexico 88240			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 35	Twp. 29N	Rge. 9W
	Is gas actually connected?		when ASAP	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 4/10/81	Date Compl. Ready to Prod. 8/16/81		Total Depth 6635'		F.B.T.D. 6597'			
Elevations (DF, RKB, RT, GR, etc., 5655' gr.	Name of Producing Formation Chacra		Top Oil/Gas Pay 3063		Tubing Depth 2565'			
Perforations 3063-72', 3172-86', 3194-3201'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8" 36#		324'		300 SX			
8-3/4"	7" 23#		2750'		200 SX			
6-1/4"	4-1/2" 10.5#		6605'		465 SX			
	1-1/4"		2565'					

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	Date 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

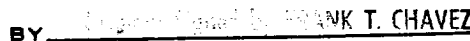
GAS WELL

Actual Prod. Test-MCF/D 1441	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 625 PSI	Casing Pressure (Shut-in) 625 PSI	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.


(Signature)
Production Analyst
(Title)
August 19, 1981
(Date)

OIL CONSERVATION COMMISSION
NOV 20 1981
APPROVED
BY  FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT 3

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.
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 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.