	;										
سط			Lini	<b>d</b>			<b>d</b> .				
ÓЯ: YG(	)	79	S X				XEBO				lô
	NO. OF CUPIES RECEIVED 5	<u> </u>							[		
	DISTRIBUTION	EXICO OIL C	ONSERVAT	TION COMMI	SSION	Form	n C+104				
	SANTA FE /	1,	14541	REQUEST			331014		n C-104 ersedes Old C	:-104 an	d C-11
	FILE 1 V	1		KEQUEST	AND	OHABEE			ctive 1-1-65		
	U.S.G.S.	ALITI	HORIZAT	ION TO TRA		א מאב ווח	ATURAL (	245			
	LAND OFFICE	1 70.	IONIZAT	ion to the	1101 0111	01L AND 11	A I OIVAL V	<i>3</i> ,7,3			
	TRANSPORTER OIL /					,					
	OPERATOR /	1									
	PRORATION OFFICE										
1.	Operator					<u> </u>					
	Tenneco Oil Company										
	Address										
	P. O. Box 1714, Durango, Colorado 81301										
	Reason(s) for filing (Check proper box)  Other (Please explain)										
	New Well Change in Transporter of:										
	Recompletion Oil Dry Gas Effective Mayl, 1967,										
	Change in Ownership Casinghead Gas Condensate X Workover completed 1/1								/67.		
	If change of ownership give name and address of previous owner										
	and address of previous owner						•				
II.	DESCRIPTION OF WELL AND	LEASE									
	Lease Name	Lease	No. We	ll No. Pool Na	me, Including	Formation		Kind of Lea	50		
	Florance		4	6 Blanc	o Mesav	erde		State, Federal or Fee Federal			
	Location Visual OFO										
	Line of Section 29 Tow	vnship _	BON	Range	<u>W8</u>	, NMPM,	Sa	n Juan		Cou	unty
III.	DESIGNATION OF TRANSPORT	TER OF OI	L AND N	ATURAL GA	S.						
	Name of Authorized Transporter of Oil or Condensate 🐧 Address (Give address to which approved copy of this form is to be sent)										
	Rock Island Oil and Refining				P. O. Box 328, Farmington, New Mexico						
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which							ved copy of th	is form is to b	be sent)	
	Southern Union Gathering										
	If well produces oil or liquids, Unit Sec. Twp. Age. Is gas actually connected? When										
	give location of tanks.  N 29 30 8										
	If this production is commingled with that from any other lease or pool, give commingling order number:										
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA										
		(V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. F	Res'v.
	Designate Type of Completion	$n - (\lambda)$	1	X	1	X	İ		1	1	
	Date Spudded	Date Compl	te Compl. Ready to Prod.			Total Depth			P.B.T.D.		
	MI 11/9/66 1/1/67				5394			5394			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
	6203 DF Blanco Mesaverde				4632			5196			
	Perforations							Depth Casing Shoe			
	4632–5240							5375			
	TUBING, CASING, AND CEMENTING RECORD										
	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
		4-1/2			5375			650 sx			
	2-3/8 5196							<u> </u>	<del> </del>		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be exceed top allow-										
. •	OII. WELL able for this depth or be for full 24 hows)										
	Date First New Oil Run To Tanks	Oil Run To Tanks Date of Test			Producing Method (Flow, pump, gas li			the YOT	JIVE	1 2	
								1.48-1	ibel T hate	<u> </u>	
	Length of Test	Tubing Pressure			Casing Pressure			Choke Size	# 1007	1	
									MAY 4 1967		
	Actual Prod. During Test Oil-Bbls.				Water - Bbls.			TOTE CON. COM.			
								DIST. 3			
	GAS WELL										
	Actual Prod. Test-MCF/D		Bbls. Condensate/MMCF			Gravity of Condensate					

2006 3 hrs Choke Size Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure <u>523</u> Back pr. 636

## 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.

G. A. Ford (Signature)

Senior Production Clerk (Title)

May 3, 1967

(Date)

## OIL CONSERVATION COMMISSION

1967 MAY 4 Signed by Emery C. Arnold APPROVED. <u>Oriainal</u> SUPERVISOR DIST. #3

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 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.