				×	
NO. OF COPIES RECEIVED	8				
DISTRIBUTION	NEW		CONSERVATION COMMISSION	Form C-104	
SANTA FE /		REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65	
FILE /			AND	A C	
U.S.G.S.	AUTHORIZA	110N TO 1	RANSPORT OIL AND NATURAL G	A3	
LAND OFFICE					
TRANSPORTER GAS /					
OPERATOR 4					
PRORATION OFFICE					
Tenneco Oil Compar	ny				
P. 0. Box 1714, Du	rango, Colorado				
Reason(s) for filing (Check proper t			Other (Please explain)	1 Malaurah Amam Janasa	
New Well	Change in Trans		)	Delete the word Federal from lease name only.	
Hecompletion	Oil Casinghead Gas		densate name only.		
Change in Ownership		Co.	ensdte		
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AN	D LEASE		Name, Including Formation	Kind of Lease	
Pritchard		2 ]	Blanco Mesaverde	State, Federal or Fee <b>Federal</b>	
Location Unit Letter H ;	Feet From The	North	Line and 940 Feet From	The <b>East</b>	
Line of Section 1	Township 30	Range	9 , NMPM,	San Juan County	
DESIGNATION OF TRANSPO	ORTER OF OIL AND or Condens	NATURAL ate X	Address (Give address to which appro-	ved copy of this form is to be sent)	
Plateau, Inc.	<u> </u>		P. O. Box 108, Farming	ton, New Mexico	
Name of Authorized Transporter of		Dry Gas 🛣		Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gat		Twp. Rge.	Fidelity Union Tower,  Is gas actually connected? Wh		
If well produces oil or liquids, give location of tanks.	H 1	30 9	Yes	10-28-52	
If this production is commingled	with that from any other	er lease or po	ol, give commingling order number:		
. COMPLETION DATA	Oil Wel	l Gas Wel	l New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v	
Designate Type of Compl	etion $-(X)$	)	1	1 1	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	P.3.T.D.	
			Top Oil/Gas Pay	Tubing Depth	
Fool	Name of Producing B	ormation	Top On, Gds Pdy		
Perforations				Depth Casing Shoe	
, C. P. P. C. P. P. C. P. C. P. P. P. C. P. P. P. P. C. P. P. P. P. C. P.					
			AND CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TI	JBING SIZE	DEPTH SET	SACKS CEMENT	
. TEST DATA AND REQUEST	FOR ALLOWABLE	(Test must	be after recovery of total volume of load oil	and must be equal to or exceed top allo	
OIL WELL		able for th	S depth or be for full 24 hours)  Producing Method (Flow, pump, gas l	ift etc.) COFILE	
Date First New Cil Run To Tanks	Date of Test		Producing Method (r tow, pump, gas t	OFI TIVEN	
	Tubing Pressure		Casing Pressure	Chole Sa	
Length of Test	Tubing Pressure		Gabing 1.555a.5	ADD 7 196 <b>5</b>	
Actual Prod. During Test	Cil-Bbls.		Water-Bbls.	Cond-MCERAL	
Actadi Fiod. Builing 1990				I OIL CON. COM.	
	<u> </u>			DIST. 3	
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate	
			Goden December	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pressure	CHOKE SIZE	
			211 22112	A TION COMMISSION	
. CERTIFICATE OF COMPL	IANCE		11	ATION COMMISSION	
		N.1. C	APPROVED	1965	
I hereby certify that the rules commission have been compli	ed with and that the I	ntormation gi	ven Condinal Signed	Emery C. Arnold	
above is true and complete to	the best of my know	ledge and bel		r Dist. # 8	
			Sugarisa	· (方表: 本 )	

Original Signed By:
J. H. WATKINS

District Office Supervisor

April 5, 1965 (Date)

(Title)

(Signature) J. H. Watkins

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 Sections I, II, III, and VI only 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.