

SANTA FE		1	REQUEST FOR ALLOWABLE		Supersedes Old C-101 and C-110	
FILE		1	AND		Effective 1-1-65	
U.S.G.S.			AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE						
TRANSPORTER	OIL	1				
	GAS	1				
OPERATOR		1				
PRORATION OFFICE						

Operator		Tenneco Oil Company	
Address		Suite 1200 Lincoln Tower Bldg., -Denver, Colorado 80203	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Blanco Com #1	1	Blanco Mesaverde	State, Federal or Fee
Location			
Unit Letter	G	1490 Feet From The North Line and 1715 Feet From The East	
Line of Section	2	Township 30-N Range 11-W, NMPM, San Juan	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Plateau Inc.		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	E PNG		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	G	2	30
			11
Is gas actually connected?	Yes	When	3-27-58

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth							
Perforations		Depth Casing Shoe									

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 greater than 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		Bbls. Condensate/MMCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

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		Sr. Production Clerk	
January 6, 1972			

OIL CONSERVATION COMMISSION	
JAN 10 1972	
APPROVED	19
BY	Original Signed by Emery C. Arnold
TITLE	SUPERVISOR DIST #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 transportation or other such change of condition.	
Supplement Form C-101 must be filed for each pool, monthly, by recompleted wells.	