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SANTA FE		1				
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LAND OFFICE						
IRANSPORTER	OIL					
	GAS	17				
OPERATOR	t		Į I			
PRORATION OFFICE						
Operator						
Tenneco Oil Company						
Address						
1200 Lin	ncoln	Tov	ver_			
Reason(s) for filing		proper	box)			
New Well	Y					

	NO. OF COPIES RECEIVED			/		
	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	/ Form C-104		
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE /		AND			
	U.3.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS		
	LAND OFFICE					
	TRANSPORTER GAS /			The state of the s		
	OPERATOR 2			T.VFD		
1.	PRORATION OFFICE			'Y		
	Operator			1000 P		
	Tenneco Oil Company	-				
		Puilding Danvan Colon	ado 80203	100 mg - 1		
	Reason(s) for filing (Check proper box)	Building, Denver, Colors	Other (Please explain)	3		
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Ga	ıs 🔲			
	Change in Ownership	Casinghead Gas Conden	nsate			
	If change of ownership give name					
	and address of previous owner					
**	II. DESCRIPTION OF WELL AND LEASE					
11.	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	Florance	107 Blanco Picture	ed Cliffs State, Federal	or Fee SF 078129A		
	Location					
	Unit Letter E ; 1525	Feet From The North Lin	e and 890 Feet From T	he West		
	Line of Section 8 Tow	nship 30N Range	9W . NMPM. San Ju	an County		
	Line of Section O Tow	nship 30N Range	9W , NMPM, San Ju	County		
111	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	ıs			
****	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)		
	į			· .		
	Name of Authorized Transporter of Cas.	inghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Gas		P. O. Box 990, Farming			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	·n		
	give location of tanks.		No			
w	If this production is commingled with	h that from any other lease or pool,	give commingling order number:			
				Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	, , , , , , , , , , , , , , , , , , , ,	XX	1 1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	1/8/69	4/5/69	3184'	3020 Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	3019'		
	6324 KB	Blanco Pictured Cliffs	3052	Depth Casing Shoe		
	3052-58, 3061-63 w/2 holes/ft., 3068-76 w/1 hole/ft. 3184'					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"	8 5/8"	110'	75		
	7 7/8"	3 1/2" 1 1/4"	3184'	413		
	<u> </u>	1 1/4"	30 2 5'			
_,	TEST DATA AND REQUEST FO	OP ALLOWARIE (Test must be a	ofter seconery of total values of load oil	and must be equal to or exceed top allow-		
٧.	OIL WELL					
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				(t, etc.)		
Length of Test Tubing Pressure Casing Pressure		Cosing Pressure	Choke Size			
	Length of Test	I uping Piesace	Gashiy . Totala			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
	GAS WELL			T		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	2388 Testing Method (pitot, back pr.)	Z4 hours Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Piesewe (Shut-111)	896	3/4		
7/7	CERTIFICATE OF COMPLIANCE					
VI.	CERTIFICATE OF COMPLIANC	JUN 2 7 1969				
I hereby certify that the rules and regulations of the Oil Conservation		, 19				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by Emery C. Arnold			
			17	TITLESUPERVISOR DIST. #3		
			This form is to be filed in	compliance with RULE 1104.		
Loh N. Cook		s. Cook	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			
	1	ature)	tests taken on the well in accor	rdance with RULE 111.		
	Production Clerk (Title)		All sections of this form must be filled out completely for allow-			
	fTii		able on new and recompleted wells.			

May 15, 1969

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.