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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-110
 Effective 1-1-65

I. Operator
 Operator: TECNECO OIL COMPANY
 Address: Suite 1200 Lincoln Tower Bldg. Denver, Colorado 80203
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change In Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>RIDDLE</u>	Well No. <u>8X</u>	Pool Name, including Formation <u>Blanco Pictured Cliff</u>	Kind of Lease <u>State, Federal or XXX</u>	Lease No. <u>SF-080244</u>
Location Unit: Letter <u>I</u> ; <u>1820</u> Feet From The <u>South</u> Line and <u>1095</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>30N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 108, Farmington, New Mexico 87401</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990, Farmington, New Mexico 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
		Is gas actually connected? <u>NO</u>

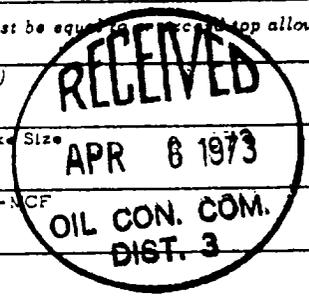
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>12/30/72</u>	Date Compl. Ready to Prod. <u>1-23-73</u>		Total Depth <u>3325'</u>		P.B.T.D. <u>3278'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6430 GR</u>	Name of Producing Formation <u>Blanco PC</u>		Top Oil/Gas Pay <u>3234'</u>		Tubing Depth <u>3167'</u>			
Perforations <u>3234'-3243, 3246'-3252', 3255'-3260' W/LJSPF</u>					Depth Casing Shoe <u>3325</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4</u>	<u>8-5/8, 24#</u>		<u>145</u>		<u>sufficient to circulate</u>			
<u>7-7/8</u>	<u>4-1/2, 10.5#</u>		<u>3315</u>		<u>300 sacks</u>			

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 greater than the amount 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 <u>1,206 ACF</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF <u>-</u>	Gravity of Condensate
Testing Method (pitot, back pr.) <u>4Pt. Back Pressure</u>	Tubing Pressure (Shut-in) <u>485</u>	Casing Pressure (Shut-in) <u>485</u>	Choke Size <u>3/4"</u>

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.

Carley Hatterson
 (Signature)

Sr. Production Clerk
 (Title)

March 23, 1973
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED APR 6 1973, 19____
 BY Original Signed by Emery C. Arnold
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.