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SANTA FE			
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
INANSPORTER	GAS		
OPERATOR			

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-116

Separate Forms C-104 must be filed for each pool in multiply

-	FILE	┼╌┼	$\neg$		AND	Effective 1-1-65	
ŀ	U.S.G.S.	!		· ·	ISPORT OIL AND NATURAL GA	s	
	LAND OFFICE	1 1		ADMORIZATION TO THE			
ł	OIL	$\vdash$					
	TRANSPORTER GAS						
	OPERATOR						
	PRORATION OFFICE						
-	Operator						
	Tenneco O	il C	omp	pany E a Minu			
	Address		_				
				Englewood, CO 80155	Other (Please explain)		
	Reason(s) for filing (Check	proper	box)		Other (Please explain)		
	New Well			Change in Transporter of: Oil Dry Gas	Duri to Fruittia	ad Coal	
	Recompletion XX			<b>— *</b>	Dual to Fruitlar	id Coal	
,	Change in Ownership			Casinghead Gas Condens	<u> </u>		
	If change of ownership giv	ve nat	1e				
	and address of previous or	wner _		2			
	PERCENTAGE OF WEL		NE I	LEASE Blein			
И.	DESCRIPTION OF WEI	UL A	ער.	Well No. Pool Name, Including For	mation Kind of Lease	USA Legae No.	
	Florance			5A Undes. Fruitla	nd Coal State, Federal	or F•• SF 080003	
	Location						
	С		86	O Feet From The North Line	and 1510Feet From Ti	he West	
	Unit  Letter	- · —		Peec From Fine			
	Line of Section 22	<u> </u>	Tov	enship 30N Range	9W , NMPM,	San Juan County	
	<u> </u>						
m.	DESIGNATION OF TRA	ANSP	OR	TER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed come of this form is to be sent)	
	Name of Authorized Transp	orter o	f Oil	or Condensate 🔀	Wadiesa (Othe googlese to miner -bt.		
	Gary Ener	gy (	cor	n	4 Inverness Ut. East, Address (Give address to which approve	Englewood, CO 80112-5591	
	Name of Authorized Transp	orter o	f Ca	singhead Gas or Dry Gas XX			
	El Paso N	latur	ral		P. O. Box 4990, Farming		
	If well produces oil or liqui	ids,		Unit Sec. Twp. P.ge.	is gas actually solutions.		
	give location of tanks.			C 22 30N 9W	NO .	ASAP	
	If this production is comm	ningle	d wi	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA				New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.	
	Designate Type of	Comp	leti	OH WOLL	, we were	Y	
	Designate Type of	Comp		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded			L I	5250' KB	5213' KB	
	7/19/75			2/12/85 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, 5970 GL	GR, et	ic.	Fruitland Coal	2479' KB	2698' KB	
	Perforations 2 JSPF, 3	ים מ	7Q			Depth Casing Shoe	
	Perforations 2071, J	75 I	, 0 57 <b>-</b>	69' 2572-77' 2595-99'	2638-44', 2685-88' KB		
	2479-88', 2557-69', 2572-77', 2595-99', 2638-44', 2685-88' TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE			CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 ¼"			9 5/8" csg	218' KB	200 sx	
	8 3/4"			7" csq	3098' KB	500 sx	
	6 4"			4 ½" Liner csq	2 <b>666</b> -5248 KB	300 sx	
				1 ½" tbq	2 <b>8</b> 98 KB		
w	. TEST DATA AND REC	OUES	T F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
V	OIL WELL			able for this de	pth or be for full 24 hours)    Producing Method (Flow, pump, gas lif		
	Date First New Oil Run To Tanks Date of Test				·		
					Casing Pressure	Choke Size	
	Length of Teet			Tubing Pressure			
					Water-Bble. FEB 1	Gen MCF	
	Actual Prod. During Test			Oil-Bbls.	LED I	7 1300	
					OII CO	N. DIV.	
						· · · · · · · · · · · · · · · · · · ·	
	GAS WELL Actual Prod. Test-MCF/I			Length of Test	Bbls. Condensate/MMCF	Cavity of Condensate	
	Actual Prod. Test-MCF/1			3 hrs.		·	
	Testing Method (pitot, bac	ck pr. j		Tubing Pressure (Shut-is)	Casing Pressure (Shut-in)	Choke Size	
	Back press			435	435	3/4"	
			141		OIL CONSERVA	ATION COMMISSION	
V	. CERTIFICATE OF C	UMPI	TIAL	1CE	6-10-85	100E	
				constations of the Oil Conservation	APPROVED	- 1985	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given				5/4	ank . Say	
above is true and complete to the best of my knowledge and best			he best of my knowledge and belief.	• ·			
			•	TITLE	SUPERVISOR DISTRICT # 3		
	Signature) Sr. Regulatory Analyst			r/	This form is to be filed in compliance with RULE 1104.		
				inne			
					well, this form must be accompa	anied by a tabulation of the deviation	
				masure) v knalvet	All sections of this form must be filled out completely for allow-		
				riole)			
	(Tile) February 14, 1985				able on new and recompleted water.		
	(Date)			Date)	well name or number, or transpor	ter, or other such change of condition.	