}	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116	
-	FILE	REQUEST	AND	Effective 1-1-65	
ŀ	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
ŀ	LAND OFFICE	7,011,011,011			
Ī	TRANSPORTER OIL / GAS /				
Ī	OPERATOR				
1.	PRORATION OFFICE				
	Tenneco Oil Company				
	1860 Lincoln St	., Suite 1200, Denver, C	Colorado 80295		
	Reason(s) for Hing (Check proper box)		Other (Please explain)		
	llew wev.	Change in Transporter of: Oil Dry Ga		•	
i	Recompletion		asuteXXX		
	Change in Ownership	Casinghead Gas Goldon			
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Legse No.	
	Lease Name Pritchard	2A Blanco Mesa	Verde State, Federa	NI 013686	
	Location I : 1710	Feet From The South Lin	e and 1090 Feet From	<sub>rhe</sub> East	
	1 -	waship 30N Range	9W , NMPM, San Ju	ian <sub>County</sub>	
	Line of Section	,	10		
III.	Name of Authorized Transporter of Oil	rer of oil and natural ga	Address (Give address to water appro-		
	Plateau, Inc.		Box 108, Farmington,		
or Dry Gas XX. Address (Give address to which approve		ved copy of this form is to be sent)			
	Southern Union Gathering Co.  P.U. Box 398, Bloomiteld, N.H. 67413			en	
	If well produces oil or liquids, give location of tanks.	I 1 30N 9W	yes	10-6-76	
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
IV.	Designate Type of Completion	on - (X)   Gas Well X	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Date Spudded 5-23-76	Date Compl. Ready to Prod. 7-13-76	Total Depth 6610'	P.B.T.D 5545'	
	Elevations (DF, RKB, RT, GR, etc.) 6344 GL	Name of Producing Formation Blanco Mesa Verde	Top Otl/Gas Pay 4906	Tubing Depth 5425	
	Perforations	5398'; 13 Holes from 5	5158'-4910'	Depth Casing Shoe	
	8 Holes from 5518'-5398'; 13 Holes from 5158'-4910' TUBING, CASING, AND CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	13-3/4"	9-5/8"	226'	200 Sacks	
	8-3/4"	7"	3500'	450 Sacks	
	6-1/8"	4-1/2"	3266'-5608'	250 Sacks	
	<u> </u>	2-3/8"	5425'	<u> </u>	
V.	TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be send to or second top allowable for this depth or be for full 24 hours)  OIL WELL				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l		
	Length of Test	Tubing Pressure	Casing Pressure	Choka size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gal-MCFJP	
				1 OF E	
	GAS WELL			To-the of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	3208_A0F	3 Hours	-0-	-0- Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	3/4"	
	Back Pressure		287		
VI	. CERTIFICATE OF COMPLIAN	NCE	753· <b>1</b>	ATION COMMISSION	
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	•	
		with and that the information given be best of my knowledge and belief.		A. R. Wondrick	

above is true and complete to the

D.W. Moren					
(Signaturé)					
Durdustion Managon					

<u>Division Production Manage</u> (Title)

(Date)

SOPERVILLE 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 MULE 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