	4 aution				1		
į	SANTA FE		FOR ALLOWABLE	SION	Form C-104 Supersedes Ol Effective 1-1-	d C-104 and C-1	
	FILE	41171100174710117070	AND		211001110 [-1-1	••	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND N	ATURAL GAS			
	TRANSPORTER OIL						
	GAS /						
	PRORATION OFFICE						
1.	Operator			······································	······································		
	Tenneco Oil Company						
	Address	,					
	720 So. Colorado Blv	d., Denver, Colorado 8	0222				
	Reason(s) for filing (Check proper box)		Other (Please	zplain)			
	New Well	Change in Transporter of:	_				
	Recompletion	OII Dry G	7				
	Change in Ownership	Casinghead Gas Conde	r.sate				
	If change of ownership give name and address of previous owner						
П.	DESCRIPTION OF WELL AND I	LEASE				_	
•••	Lease Name	Well No. Pool Name, Including F	i i	Kind of Lease	FEDERAL	Lease No.	
	FLORANCE _	3B   BLANCO MESA V	ERDE	State, Federal or Fe	•	007511-A	
	Location						
	Unit Letter I : 1460 Feet From The S Line and 840 Feet From The E						
	Line of Section 22 Township 30N Range 9W , NMPM, SAN JUAN County						
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil						
	Name of Authorized Transporter of Casinghead Gas or Dry GasXX. Address (Give address to which approved copy of this form is to be sent)						
	SOUTHERN UNION GATHERING CO. P.O. BOX 398, BLOOMFIELD, N.M. 87413				.M. 87413		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When				
	give location of tanks.	; N/A ; ; ; ;	No	Appro	x. 6-15-77		
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completion	n (Y)	i i	Deepen Plug	Pack Same Me.	, Dill. Res v	
		Date Compl. Ready to Prod.	X : Total Depth	P.B.	T.D.	<del></del>	
	Date Spudded 2-19-78	5-9-78	5238		5116		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	Top Oil/Gas Pay	Tubi	ng Depth	· · · · · · · · · · · · · · · · · · ·	
	6080' GL	MESA VERDE	4440		5074		
		16 Holes, 4736-5064' w/		Dept	h Casing Shoe		
		05, 5109 & 5113 w/ 1 JSF			5118		
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	i	SACKS CE	MENT	
	13 3/4"	9 5/8"	261		_250_SX		
	8 3/4"	7"	3120		350_SX		
	6 ¼"	4 1/3"	5118		_270_SX		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this :	after recovery of total volum lepth or be for full 24 hows,	ne of load oil and mu	ist be equal to or	exceed top allow	
	OIL WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow,		1 1011	The	
	land the tier on the forther				WH HI	11.13/	
	Length of Test	Tubing Pressure	Cosing Pressure	Chol	SIN LULI		

Water - Bbls. O11-Bbls. OIL CON. COM. Actual Prod. During Test DIST. 3 GAS WELL
Actual Pred. Test-MCF/D Gravity of Co Bbls. Condensate/MMCF Length of Test 11,400 AOF **24 HRS** Choke Size Cosing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 528 528 BK PR

## 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.

bove is true and complete to the second	
( and Wattains	
Adam (Signature)	
15-1-15 F	
(Date)	

OIL CONSERVATION COMMISSION

JUN **3 1978** 

Original Signed by A. R. Kendrick
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 despended 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 allow sble 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 multiple