i ur cor,		i	
DISTRIBUTION			
ANTA FE			
TILE			
i J.S.G.S.			
LAND OFFICE			
I RANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			
Operator			
1	_		

VI.

	ANTA FE				NEW MEXICO OI REQUE	L CONSERV ST FOR AL AND	ATION COM	MISSION	Form C-10 Supersede Effective	s Old C-104 and C-1	
	J.S.G.S.			_ AU	THORIZATION TO 1	TRANSPOR	T OIL AND	NATUDAL	CAC	1-1-03	
	LAND OFFICE			4			I OIL AND	NATURAL	GAS		
	IRANSPORTER .	GAS		-							
	OPERATOR	<u> </u>		-							
1.	PRORATION OFF	ICE		-							
••	Operator			<del></del>	····				<del></del>		
	Tenneco Oil	Compa	any								
	Address							<del></del>	<del></del>		
	720 S. Colo Reason(s) for filing (	. Blvc	1., D	enver,	CO 80222						
	New Well	X	per oox		o to Terror		Other (Pleas	e explain)			
	Recompletion	Ħ		Oil	e in Transporter of:	. Cara					
	Change in Ownership					Gas densate					
	76						L	**	<del></del>		
	If change of ownersh and address of previ	ous own	name er								
	DECORUMNOS: am							<del></del>			
11.	DESCRIPTION OF Lease Name	WELL	AND	LEASE Well ?	No. Pool Name, Including	a Formation	D. T		078336		
	Florance			114				Kind of Leas		Lease No.	
	Location	<del></del>			Dustii Duko da,	/ i ic cure	u CIIIIS	State, Federa	alor Fee FED	*	
	Unit Letter	:	18	50 Feet	From The South	Line and	360	Feet From	West		
		11						reet rrom	ine NC30		
	Line of Section	11	Tov	vnship 3	BON Range	9W	, NMPM	San	Juan	County	
111	DESIGNATION OF	TDAN	C TO DO	FFD 0F 0							
-44.	Name of Authorized T	ransporter	r of Oil	EK UF O	IL AND NATURAL ( Condensate XX)		Give address	to which are-	ved copy of this form	42 Apr 7	
	Giant Refini	ing			A						
	Name of Authorized T			inghead Gas	or Dry Gas	Address	Give address	to which appro-	M. 87401 wed copy of this form	is to be sent)	
	El Paso Natu	iral G	as				0, Farmi				
	If well produces oil or			'	Sec. Twp. Rge.	Is gas ac	tually connect	ed? Who			
l	give location of tanks.				11   30N   9W	no			ASAP		
IV :	f this production is a	comming!	led wit	h that from	any other lease or poo	ol, give comm	ningling order	number:			
۱.۲	COMPLETION DA				Oil Well Gas Well	New Well	Workover	Deepen	151 - B	5	
	Designate Type	of Com	pletio	n - (X)	X	X	i i i i i i i i i i i i i i i i i i i	Deapen	Plug Back   Same	Res'v. Diff. Res'v.	
l	Date Spudded			Date Compl	. Ready to Prod.	Total Der	oth		P.B.T.D.		
	3/2/80			4/8	/80	. 7	525		7512		
	Elevations (DF, RKB,	RT, GR,	etc.j	Į.	oducing Formation	Top 0:1/0	•		Tubing Depth		
ŀ	6063'		<del> </del>	Pictu	red Cliffs	28	55		2853		
	2855-2903								Depth Casing Shoe		
ŀ					TUBING, CASING, A	ND CEMENT	ING RECOR	0	<u> </u>		
	HOLESI	ZE		CASI	NG & TUBING SIZE		DEPTH SE		SACKS C	FMENT	
	12 1/4"			9 5	/8"		216	<del></del>	150	Z.M.Z.IVI	
-	8 3/4"			7"			3500		764		
-	6 1/4"				/2"(liner)		7523		450		
<u>ا</u> د بو	PER DATA AND	DEGUE	ST 50		/8"(tbg)		2853		i		
<b>V</b> • (	rest data and i Dil well	KEQUE:	SIFU	R ALLOW		after recovery depth or be fo	y of total volum r full 24 hours,	ne of load oil a	and must be equal to d	or exceed top allow-	
-	Date First New Oil Rur	n To Tank	(8	Date of Tee				pump, gas	CAUTI IN	<del></del>	
L									Y TWEN		
	Length of Test			Tubing Pres	Sure	Casing Pr	essure	/ M	Chose 6170 mm		
-	Actual Prod. During Te	na t		Oil-Bbis.		Water - Bbl			R& 2 S 1980		
				C.11 - D.D		Adder - Ppi	8.	A	COM COM		
'-	<del></del>			<del></del>		<u> </u>	<del></del>	— <del>- \ 0</del> ∥	CON. COM.	<b>/</b>	
	SAS WELL								DIST. 3		
- 1	Actual Prod. Test-MCI		1	Length of Te	est	Bbis. Con	iensate/MMCF		Granty of Condense	ıte .	
L	AOF-754 Testing Method (pitot,		3	3_hrs							
l					sure (Shut-in )		essure (Shut-	in)	Choke Size		
<u> </u>	back pressure			800	· · · · · · · · · · · · · · · · · · ·		325		3/4"		
'I. C	ERTIFICATE OF	COMPL	JANC	B			OIL C	ONSERVA	198 <b>0</b>	ON	
7	hasahu castifu that t	ha autaa	d		CALL OIL OLL	APPRO	VED	NUA T3	1980	10	
С	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.						APPROVED				
aì						SUPERVISOR DISTRICT # 3					
	$\sim$					TITLE			CT # 3	<u> </u>	
	Carly Tathing										
						11	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened				
	7.		(Signati			well, thi	s form must	be accompani	led by a tabulation	of the deviation	
_	Æd	min. S			<del></del>	11			ance with RULE 1 t be filled out comp		
	(Title) April 24, 1980			able on	new and rec	ompleted well	is.	•			
-	,,p, 1	+ ,	(Date			Fill well nam	out only Se	ctions I, II, or transporter	III, and VI for ch n or other such char	anges of owner,	
						11-11			., = 4444 5445	MIULLANDO OF THE	

well name or number, or transporter, or other such change of condition.

Sanctic Forms C-104 must be filed for each soil in multiply