

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**  
OCT 21 1985  
OIL CON. DIV.  
DIST. 3

Operator <b>Tenneco Oil Company</b>	
Address <b>P. O. Box 3249, Englewood, CO 80155</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Well was PC/DK dual, P & A and recompleted to Fruitland Formation	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Florance</b>	Well No. <b>114</b>	Pool Name, Including Formation <b>Undes. Fruitland Coal</b>	Kind of Lease State, Federal or Fee <b>USA</b>	Lease No. <b>078336</b>
Location				
Unit Letter <b>L</b>	: <b>1850</b>	Feet From The <b>South</b>	Line and <b>860</b>	Feet From The <b>West</b>
Line of Section <b>11</b>	Township <b>30N</b>	Range <b>9W</b>	<b>NMPM, San Juan</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

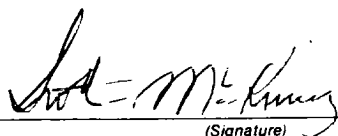
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Giant Refinery</b>	<b>Box 256, Farmington, NM 87401</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas</b>	<b>P. O. Box 4990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected?
Unit <b>L</b> Sec. <b>11</b> Twp. <b>30N</b> Rge. <b>9W</b>	<b>No</b>
	When <b>ASAP</b>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.



Senior Regulatory Analyst

(Title)

Oct. 14, 1985

(Date)

OIL CONSERVATION DIVISION **APR 28 1986**

APPROVED \_\_\_\_\_, 19  
BY **Original Signed by FRANK T. CHAVEZ**  
TITLE **SUPERVISOR DISTRICT 3**

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 Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.

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

#### IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	X	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.	X
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Date Spudded	3/2/80	Date Compl. Ready to Prod.	9/23/85	Total Depth	7523' KB	P.B.T.D.	2848' KB
Elevations (D.F., RKB, RT, GR, etc.)	6063' GL	Name of Producing Formation	Fruitland Coal	Top Oil/Gas Pay	2692' KB	Tubing Depth	2720' KB
Perforations	2 JSPF	2800-06', 2811-15'	1 JSPF	2820-38'	Depth Casing Shoe		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8" csg	216 KB	150 SX
8 3/4"	7" csg	3500 KB	764 SX
6 1/4"	4 1/2" csg liner	3311-7523' KB	450 SX
-----	1 1/4" tbg	2160	

#### 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 exceed top 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	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
805 MCF	3 hrs		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1322	1322	3/4"