IO. OF CLASTS RECEIVED		J	
CSTRIBUTION			
JANTA FE		7	
7:4Z		1	-
U.S.D.S.			
LAKO OFFICE			
TRANSPORTER	OIL		
	GAS	7	
SPERATOR		/	
202217101107			

Form C-104 Supersedes Old C-104 and Effective 1-1-65	d C-110

JANTA FE /		TOR ALLOWABLE TOR ALLOWABLE Supersedes Old C-104 an			
1/2	AND Effective 1-1-65				
U.S.O.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL O	SAS		
LAND OFFICE					
TRANSPORTER OIL					
GAS /					
- PROBATION OFFICE					
Cperator					
Tenneco Oil Company	1				
Address					
	rango, Colorado 81301				
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well	Change in Transporter of:	Effective first	t delivery		
Recompletion	Oil Dry Ga Casinghead Gas Conder		delivery		
Change in Ownership	Casingheda Gas Conder	issure			
If change of ownership give name					
and address of previous owner					
H. DESCRIPTION OF WELL AND I	EASE				
Lease Name	Well No. Pool Name, Including Fo	!	_		
Florance	102 Blanco Pictur	ed Cliffs State, Federa	for Fee Fed SF 079511-4		
Location	6	1705	P		
Unit Letter 0 , 915	Feet From The South Lin	e and 1/85 Feet From 7	The East		
10 -	201	8W , NMPM, Sar	Juan County		
Line of Section 18 Tow	nship 30N Range	8W , NMPM, Sar	1 Juan County		
THE TOTAL ACTION OF THE ASSEDING	PER OF OIL AND NATURAL GA	S			
III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	ved copy of this form is to be sent)		
None					
'Name of Authorized Transporter of Cas	inghead Gas or D:y Gas 🛣	Address (Give address to which approx	ved copy of this form is to be sent)		
El Paso Natural Ga		P. O. Box 990, Farmingt	ton, New Mexico		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en		
give location of tanks.	1 1 1				
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completio	n - (X)				
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.		
9/27/67	11/2/67	3180	3150		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
6315 Gr.	Blanco Pictured Cliffs	3082			
Perforations	Diamed Tibearas Grant	<u> </u>	Depth Casing Shoe		
3082-3120			3166		
3032 3120	TUBING, CASING, AND	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12-1/4"	8-5/8"	123	125		
7–7/811	3-1/2"	3166	400		
					
		fi	and must be equal to or exceed top allow-		
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours)	and must be equal to or exceed top association		
OM. WELL Date First New Cil Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)		
			ANTE POS		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Gas-MCF		
Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas-MCF		
			CO'N.		
			OIL COM. COM.		
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D					
1976 Testing Mothod (pitot, back pr.)	3 hrs. Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
		1031	3/4"		
Back Pr. VI. CERTIFICATE OF COMPLIANCE	1	OIL CONSERVA	ATION COMMISSION		
VI. CERTIFICATE OF COMPLIAN	J.E.		1 9 19 8		
I harshy certify that the rules and I	egulations of the Oil Conservation	APPROVED	, 192		
Commission bear complied to	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 Original Signed by A. R. TITLE PETROLEUM ELOY EER		A. R. Kendrick		
above is true and complete to the			FER DIST. NO. 3		
		TITLE PETROLEUM I	salit bio.		
/ /		This form is to be filed in	compliance with RULE 1104.		
That Shaon	If this is a request for allowable for a newly de		wehle for a newly drilled or deepened		
This form is to be filed in If this is a request for allowell, this form must be accomp tests taken on the well in accomp		anied by a tabulation of the deviation			
		att anctions of this form mi	ust be filled out completely for allow-		
(Title)		able on new and recompleted wells.			
January 8, 1968			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.		
(De	21e)	Separate Forms C-104 mui	st be filed for each pool in multiply		
		completed wells.			