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SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
	OIL	1			
TRANSPORTER	GAS	1			
OPERATOR	2	{			
PRORATION OFFICE					
Operator					
Tenneco Oil (					
Address					
12	ince	oln			
Reason(s) for filing (Check proper box					
	1 1				

ŀ	SANTA FE	/	1	FOR ALLOWABLE	Supersedes Old C-104 and C-110				
	FILE	/   -		Effective I-1-65					
	U.S.G.S.	<del></del>	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	AS .				
	LAND OFFICE	r -	-						
ļ	TRANSPORTER OIL	, —							
ŀ	OPERATOR 2	,	-						
. }	PROPATION OFFICE	7-	1						
1.	Operator Tenneco Oil Company								
	Address								
	1200 Line	coln	Tower Building, Denver,	Colorado 80203 Other (Please explain)					
	The sould be the s								
	New We!! Change in Transporter of:  Recompletion Oil Dry Gas								
	Change in Ownership Casinghead Gas Condensate X * Effective 7/1/69								
•									
	If change of ownership give name and address of previous owner								
	·								
11.	DESCRIPTION OF WELL Lease Name	AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.				
	Florance 54 Blanco Pictured Cliffs State, Federal or Fee Fed SF 080003								
	Location Figure 1 Jan Brain of the twice 32222								
	Unit Letter 0; 1045 Feet From The South Line and 1850 Feet From The Fast								
		_	007	OI NIMBN Com Tour	County				
	Line of Section 22	То	wnship 30N Range	9N , NMPM, San Jus	an soun,				
ш.	DESIGNATION OF TRANS	spor	TER OF OIL AND NATURAL GA	s					
	Name of Authorized Transporter	r of Ol	or Condensate	Address (Give address to which approv					
	Permian (	Corp	oration	P. O. Box 3119, Midland Address (Give address to which approv	d. Texas 79101				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas								
	El Paso Natural Gas Company  Unit   Sec.   Twp.   Rge.		P. O. Box 990, Farmington, New Mexico 87401 Is gas actually connected? When						
	If well produces oil or liquids, give location of tanks.  Only  Sec. Twp. Age. Is gas detainly commonly to the product of tanks.				8/14/68				
If this production is commingled with that from any other lease or pool, give commingling order number:									
	COMPLETION DATA				Plug Back   Same Res'v. Diff. Res'v.				
	Designate Type of Con	noleti		New Well Workover Deepen	Plug Back Same Res V. Dim Nes V.				
			Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Date Spudded			2840	2793				
	9/3/65 Elevations (DF, RKB, RT, GR,	etc.j	9/29/65 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	5977 GR		Blanco Pictured Cliffs	2703	2721				
	Perforations	_			Depth Casing Shoe				
	2732-270	3	TURING CASING AND	CEMENTING RECORD	2033				
	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	12 1/4"		8 5/8"	102	85 Sx				
	6 1/4"		3 1/2"	2833	453 sx				
			1 1/4"	2721					
V TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow									
V.	able 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.)				1, etc.)				
	Tubing Pressure Casing Pressure		Choke Size						
	Length of Test		Tubing Pressure	Casing Francis	5 5050				
	Actual Prod. During Test Oil-Bbls. Water-Bbls.		Gas-MCF AUG						
	DIST. 3								
	Actual Prod. Test-MCF/D		Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. 1881-Mer/D								
	Testing Method (pitot, back pi	r.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI	. CERTIFICATE OF COM	PLIA!	NCE	OIL CONSERVA	ATION COMMISSION AUG 1 1000				
	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.  (Signature)  Senior Production Clerk  (Title)			APPROVED  BY Original Signed by Emery C. Arnold  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 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 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 mult completed wells.								
			•	Il combining ages.					