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	NO. OF COPIES RECE	5			
1	DISTRIBUTIO	ЭN			
	SANTA FE	7			
	FILE	/	7		
	U.S.G.S.				
ì	LAND OFFICE				
	TRANSPORTER	OIL	7		
		GAS	1		
	OPERATOR		1		
1.	PRORATION OFFICE				
	Operator				

	DISTRIBUTION /	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104		
	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE /	<u> </u>	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	243		
i	LAND OFFICE		and one one sub-introduce o			
	OIL /					
	TRANSPORTER GAS /					
	OPERATOR /	 .				
	· · · · · · · · · · · · · · · · · · ·					
1.	PRORATION OFFICE Operator					
	·					
	Tenneco Oil Co	mpany				
	Address		2 00000			
		ower Building, Denver, Col				
	Reason(s) for filing (Check proper)	oox)	Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Ga	s Authorize trans	sporter of condensate.		
	Change in Ownership	Casinghead Gas Conden	nsate			
			······································			
	If change of ownership give name	•				
	and address of previous owner					
		n - m.en				
H.	DESCRIPTION OF WELL AN	Well No. Pool Name, Including Fo	ormation Kind of Lease	Legse No.		
	ł					
	Florance	99 Blanco Pictu	red Cliffs State, 15th	lor Fee Fed - SF 078129A		
	Location					
	Unit Letter O ;	1189 Feet From The South Lin	e and 1712 Feet From 7	rhe <u>East</u>		
	·			·		
	Line of Section 6	Township 30N Range	Sw , NMPM, San 3	Juan County		
ш.	DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	.s			
	Name of Authorized Transporter of	Oil or Condensate XX	Address (Give address to which appro-	ved copy of this form is to be sent)		
	Pools Taland Oil	Commonit	P.O. Box 328, Farmingto	on. New Mexico 87401		
	Rock Island Oil Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
	1					
	El Paso Natural		P. O. Box 990, Farming to Is gas actually connected?			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is day detainly connected?			
	give location of tanks.	<u>0 6 30N 9W</u>	Yes	10/18/63		
	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 Comple	etion – (A)	XXX			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	8/13/66	9/28/66	3343'	3320'		
	Elevations (DF, RKB, RT, GR, etc.	9/28/66 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	6515 GR	Blanco Pic. Cliffs	3257'			
	Perforations	pranco rice criris		Depth Casing Shoe		
	3257-3270'			3340/		
			D CEMENTING RECORD	3344		
			DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	120'			
	12 1/4"	8.5/8"		110 sx		
	7 7/8"	3 1/2"	3340'	275 sx		
٠.			<u> </u>			
v	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or except the allow-		
٧.	OIL WELL	able for this d	epth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.) / CULITED		
		1		<u> </u>		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size JUN 1 6 1969		
	•	·		• \		
	Actual Prod. During Test	Qil-Bbls.	Water-Bbls.	Gas-MCF OIL CON. COM.		
	Screen From Dailing 1 481		1	DIST. 3		
•			_ 			
		·				
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test				
	525	24 hrs.	- 3.5	60		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back Pr.		738	3/4"		
1 27	Duck 114		ATION COMMISSION			
A I	. CERTIFICATE OF COMPLI	AHUE	H·			
	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	JUN 1 6 1969		
			O Line of the A. P. Kondrick			
			BY Original Signed by A. R. Kendrick . TITLE PETROLEUM ENGINEER DIST. NO. 3			
•						
	//	΄ ΄ Λ	This form is to be filed in	This form is to be filed in compliance with RULE 1104.		
	/ Mr 1/	3 K	# ## 15 1 - 1	mable for a newly drilled or deepened		
		Signature)	I wast able form must be accome	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	·	•	tests taken on the well in acco			
	Production		All sections of this form m	ust be filled out completely for sllow		
	11-11	(Tule)	able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner and other such change of condition			
	6/ 13/69	⁾				

(Date)

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 multiply completed wells.