

BEFORE THE  
OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

Case No. 5994 Exhibit No. 3  
Submitted by Blackwood + Nichols  
Hearing Date 11/10/77

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-55

Exhibit # 3

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	
PRORATION OFFICE	1

I. Operator  
**TENNECO OIL COMPANY**

Address  
**1860 Lincoln, Suite 1200 Lincoln Twr. Bldg., Denver, Colorado 80203**

Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

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>29A</b>	Pool Name, Including Formation <b>Mesa Verde</b>	Kind of Lease State, Federal or Fee <b>Fed.</b>	Lease No. <b>SF072385</b>
Location Unit Letter <b>F</b> ; <b>1850</b> Feet From The <b>North</b> Line and <b>1850</b> Feet From The <b>West</b> Line of Section <b>25</b> Township <b>30N</b> Range <b>8W</b> , NMPM, <b>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"/> <b>Plateau Refining</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 108, Farmington, New Mexico 87401</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Southern Union Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Fidelity Union Twr., Dallas, Texas 75201</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>25</b>	Twp. <b>30N</b>	Rge. <b>8W</b>	Is gas actually connected? <b>no</b>	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
		<b>X</b>	<b>X</b>					
Date Spudded <b>8/5/75</b>	Date Compl. Ready to Prod. <b>8/16/75</b>		Total Depth <b>4503</b>		P.B.T.D. <b>Open hole Packer 4378</b>			
Elevations (DF, RKB, RT, CR, etc.) <b>6263 GL</b>	Name of Producing Formation <b>Mesa Verde</b>		Top Oil/Gas Pay <b>4410</b>		Tubing Depth <b>None</b>			
Perforations <b>None Open Hole - Completion</b>					Depth Casing Shoe <b>4410.</b>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/2"</b>	<b>9 5/8"</b>	<b>204'</b>	<b>200 SX</b>
<b>8 3/4"</b>	<b>7"</b>	<b>3458'</b>	<b>475 SX</b>
	<b>4 1/2"</b>	<b>4410'</b>	<b>200 SX</b>

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	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>5062</b>	Length of Test <b>3 hrs.</b>	Grav. Condensate/MMCF <b>NA</b>	Gravity of Condensate <b>NA</b>
Testing Method (pitot, back pr.) <b>Back pressure</b>	Tubing Pressure (Shut-in) <b>NA</b>	Casing Pressure (Shut-in) <b>580</b>	Choke Size <b>3 1/4"</b>

VI. CERTIFICATE OF COMPLIANCE

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]*  
(Signature)  
*[Title]*  
(Title)  
*[Date]*  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 29 1975  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DIST. #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 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 multi-