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TRANSPORTER	OIL		
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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

Operator Tenneco Oil Company - E & P		SEP 06 1985
Address P. O. Box 3249, Englewood, CO 80155		OIL CON. DIV DIST. 3
Reason(s) for filing (Check proper box)	Other (Please explain)	
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate	Well Name

If change of ownership give name and address of previous owner El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance D LS	Well No. 4	Pool Name, including Formation Blanco-MV	Kind of Lease State, Federal or Fee USA NM	Lease No. 03380
Location				
Unit Letter G	1840	Feet From The N	Line and 1800	Feet From The E
Line of Section 20	Township 27N	Range 8W	. NMPM. San Juan 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"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 20
	Twp. 27N	Rge. 8W
	Is gas actually connected? Yes	When

If this production is commingling 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.

Scott McKinnis
(Signature)

Sr. Regulatory Analyst

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SEP 06 1985

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	New Well	Workover	Deepen	Plug Back	Sand Resv.	Diff. Res. V
	Total Depth							

Date Spudded	Date Compl. Ready to Prod.	Elevations (D.F., RKB, RT, GA, etc.)		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	

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 (Producing Method (Flow, pump, gas lift, etc.))

Date First New Oil Run To Tanks	Date of Test	Length of Test	Actual Prod. During Test
Oil - Bbls	Water - Bbls	Gas - MCF	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Actual Prod. Test - MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate

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