

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 06 1985

Operator Tenneco Oil Company P & P URMD	
Address P. O. Box 3249, Englewood, CO 80155	
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	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" 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. 9	Pool Name, Including Formation So. Blanco-PC	Kind of Lease State, Federal or Fee USA NM	Lease No. 03380
Location				
Unit Letter M	: 1090	Feet From The S	Line and 1090	Feet From The W
Line of Section 17	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 M Sec. 17 Twp. 27N Rge. 8W	Is gas actually connected? Yes When

If this production is commingled 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)
SEP 1 1985
(Date)

OIL CONSERVATION DIVISION **SEP 06 1985**

APPROVED *Frank J. Quay*, 19
BY *Frank J. Quay*
TITLE **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	Same as	Oil Pass
------------------------------------	--	----------	----------	----------	----------	--------	-----------	---------	----------

Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
Elevations (D.F., RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Perforations		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

Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
Actual Prod. MCF/D		Length of Test		Gravity of Condensate	

GAS WELL

Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
Choke Size		Choke Size		Gravity of Condensate	