

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

I. Operator
Tenneco Oil Company
Address
P. O. Box 1714 - Durango, Colorado
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)
Effective First Delivery

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 64	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Free Federal
Location Unit Letter 0 ; 970 Feet From The South Line and 2370 Feet From The East Line of Section 17 , Township 27-N Range 8-W , 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"/> Inland, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528 - Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990 - Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 17	Twp. 27	Rge. 8	Is gas actually connected? No	When On Approval

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'v.	Diff. Res'v.
		X	X					
Date Spudded 10/1/66	Date Compl. Ready to Prod. 12/22/66		Total Depth 7525		P.B.T.D. 7480			
Pool Dakota	Name of Producing Formation Dakota		Top Oil/Gas Pay 7296		Tubing Depth 7400			
Perforations 7296 - 7429					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1021		400 sacks			
7-7/8"	4-1/2"		7516		3 Stages 675 sacks			
	2-3/8"		7400					

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.	Gravity - Condensate

GAS WELL

Actual Prod. Test - MCF/D 4458	Length of Test 3 Hours	Bbls. Condensate/MMCF ---	Gravity - Condensate
Testing Method (pitot, back pr.) AOF Back Pressure	Tubing Pressure 302	Casing Pressure 793	Choke Size 3/4"

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.

G. A. Ford

Senior Production Clerk

March 23, 1967

(Date)

OIL CONSERVATION COMMISSION

MAR 24 1967

APPROVED _____, 19

Original Signed by Emory C. Arnold

BY 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 Sections I, II, III, and VI only 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.