	114.0	1	
DISTIGNUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
I A A A S T O A I E A	GAS		
OPERATOR			

SANTA FE		NE	REQUEST FOR ALLOWABLE			SION	Form C-104 Supersedes Old C-104 and C-			
FILE				•		AND	.522		Effects	ve 1-1-65
U.S.G.S.		<u> </u>	 	AUTHORIZ	CATION TO TRA	ANSPORT OIL	AND NA	TURAL G	AS	
LAND OFFICE	Oir	-	\vdash							
TRANSPORTER	GAS	-	\vdash							
OPERATOR										
PRORATION OF	FICE					- · · · · · · · · · · · · · · ·				
Tenneco Oil										
P. O. Box 3	2/10	Fna	1 our	nd (1) 80	155					
Reason(s) for filing	(Check 1	proper	box)	00 00	100	Othe	t (Please e	zplain)	· · · · · · · · · · · · · · · · · · ·	<u></u> Ω !
New Well	X.			Change in Tra	<u> </u>	_		1 1 0	C-0:0-	•
Recompletion	\mathbb{H}			Oil	Dry G	<u> </u>			F. 1 3 K	
Change in Ownership	PL			Casinghead G	Conde	nsate			-	
If change of owners and address of prev								<u> </u>		
DESCRIPTION O	F WEL	LA	ND I	LEASE						
Lease Name				Well No. Poo	l Name, Including F	ormation		(ind of Lease	: ^{Ler Fee} State	Lease No.
<u>Florance C</u>				8E B	<u>asin Dakota</u>				State	e <u>NM03549</u>
Location	_		154	5	ne North Li	970		Feet From 1	rhe West	
Unit Letter	_ <u>-</u>	. : -	104	✓ Feet From TI	he HOTELL LE	ne and		_ reerriom	e	
Line of Section	19)	Tow	mahip 28	N Range	W	, NMPM,	San J	uan	County
<u></u>										
DESIGNATION O	F TRA	NSF	ORT	TER OF OIL AN	D NATURAL G	AS Address (Give	address to	which approx	ved copy of this	form is to be sent)
Name of Authorized Conoco	, ranspo	iier C	,, Q11	G. Conde		Box 460,			3240	·
Name of Authorized	Transpo	rter o	of Cas	inghead Gas 🔲	or Dry Gas X	Address (Give	address to	which appro		form is to be sent)
El Paso Nat				_	_ _	P. O. Box				87401
If well produces oil	or liquid	ia.		Unit Sec.	Twp. P.ge.	Is gas actually		1? Wh		
give location of tar.				1 1	<u> </u>		40		ASAP	
If this production i	s comm	ingle	d wit	h that from any of	ther lease or pool,	give commingl	ing order	number:		<u> </u>
COMPLETION D	ATA			O11 W	ell Gas Well	New Well V	Vorkovet	Deepen	Plug Back	Same Resty, Diff. Rest
Designate Ty	pe of C	Comp	letio	n - (X)	X	X		!		i
Date Spudded				Date Compl. Read	-	Total Depth			P.B.T.D.	
7/22/80				8/1/80		670			Tubing Depth	6671'
Elevations (DF, RK	B, RT, C	GR, e	tc.j	Name of Producing	=	Top Oil/Gas 1			1 ming Depti.	
5771' gr.				<u>Dakota</u>		1 04.			Depth Casing	Shoe
	. 647	76-6	6497	', 6604-6606	6', 6626-664	5'				
				TUB	ING, CASING, AN	D CEMENTING	RECOR)		
	SIZE				TUBING SIZE		EPTH SE	<u>T</u>		KS CEMENT
13 3/4"				9 5/8"	36#	312			250 sx	
8 3/4"				7" 4 1/2"	23# 10.5#	3453 6700			1700 sx 1430 sx	
6 1/4				4 1/2"	10.5#	1 0700			1	
TEST DATA AN	D PEO	TIES	TF	OR ALLOWABL	E (Test must be	after recovery of	total volum	ne of load oil	and must be equ	ual to or exceed top alic
OIL WELL					able for this c	Producing Me	ll 24 hows,	1		
Date First New Oil	Run To	Tank	.5	Date of Test		Producing Me	thod (Flow,	pump, gas i	iji, etc.)	FRE
				Tubing Pressure		Casing Press	w•		Chok Size	
Length of Test				. comid bissand					\perp / \cdot	-47/AEV
Actual Prod. During	Test			Oil-Bbis.		Water - Bbls.			Co - MCA	V - LUN
					·				1 0//	0. 57982
<u></u>									D_{I}	ON. COM
GAS WELL				Length of Test		Bhis. Conden	sate/MMCF		Grovin of Co	ondendate
Actual Prod. Test-	MCF/D			Length of Test 3 hrs		Julia Californi				
Z/34 Testing Method (pi	tot. back	pr.J		Tubing Pressure	Shut-in)	Casing Press	me (Epat-	·in)	Choke Size	
Back Press				2310 P	•		O PSI			3/4"
CERTIFICATE		MPI	JAN	CE			OIL C	ONSERV	ATION COM	MISSION
	-							NOV 2	i laxi)	19
I hereby certify the Commission have above is true and	hees c	·omni	lied w	with and that the	iniormation give:	3 1	Original :	signed by Cl	HARLES GHOLS	ON
Shore is fine auc					-		NEDISTY (MI R GAS I	nspector, dis	л. #3
\wedge	_			1						
1/1 / The state is							/!!-	his for a se	ith RULE 1104.	
- Polly falken						11 44 44	If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati			
(Signature) Carloy Watkins Asst Div Adm. Mar.						I tanta taka	ll terts taken on the well in accordance with wook			
Carley Watkins, Asst. Div. Adm. Mgr.					I able co ni	All acctions of this form must be filled out completely for alloable on new and recompleted wells.				
October 6, 1980					Fill	Fill out only Sections I. II. III. and VI for changes of owner well name or number, or transporter, or other such change of conditions will name or number.				
			(D	ste)		well name	or numbe	r, or transpo	men or other st	r each pool in multi
				_		Eebsi	ELE FORM	- C-10- ED	10	a aaaa gaa ee ee aaaa