

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1
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JAN 24 1986
OIL CON. DIV. 1
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input 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 type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance C LS	Well No. 10M	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee USA NM	Lease No. 003459
Location Unit Letter <u>0</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1900'</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>28N</u> Range <u>8W</u> . NMPM. <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

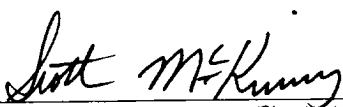
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation	P. O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 30 28N 8W No ASAP

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.


(Signature)
Senior Regulatory Analyst
(Title)
1/14/86
(Date)

OIL CONSERVATION DIVISION
APPROVED _____
BY _____
TITLE _____
SUPERVISOR REGIST # 3
DEC 30 1986

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	XX	New Well	XX	Workover	Deepen	Plug Back	Same Res. V.	Diff. Res. V.
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Date Spudded	10/30/85	Date Compl. Ready to Prod.	1/9/86	Total Depth	7140' KB	P.B.T.D.	7101' KB
Elevations (DF, RKB, RT, GR, etc.)	6368' GL	Name of Producing Formation	Mesaverde	Top Oil/Gas Pay	4526' KB	Tubing Depth	5005' KB
Perforations	2 JSPF 62', 124 holes 4526-28', 4538-44, 4556-64, 4616-32, 4652-58, 4696-4714, 4721-24 *						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE						
12 1/4"	9 5/8" csg	290' KB	250 SX, 295 CF	SACKS CEMENT			
8 3/4"	7" csg	5388' KB	1573 SX, 2725 CF				
6 1/4"	4 1/2" csg liner	5211-7137' KB	260 SX, 412 CF				
	2 3/8" tbq	5005' KB					

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. Test - MCF/D	Oil - Bbls.	Water - Bbls.	Gas - MCF	Actual Prod. During Test		

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2342	3 hrs	765	3/4"
Testing Method (Dilat. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	758	765	3/4"

*2 JSPF 64', 128 holes
 4898-4927 5009-12'
 4931-35 5070-72
 4962-64 5075-77
 4968-71 5080-83
 4992-94 5097-5102
 4997-5006'