110

SANTA FE / /		CONSERVATION COMMISSION T FOR ALLOWABLE AND	Form C-104 Supersedes Old C-103 and C- Effective 1-1-65	
U.S.G.S. LAND OFFICE IBANESCOTED OIL /	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL	GAS	
OPERATOR / PRORATION OFFICE				
Operator Tenneco Oil (Company	•		
Address Suitel200 Lincol	n Tour Rido D			
Reason(s) for filing (Check proper box		er, Colorado 80203 . Other (Please explain)	•	
New We!! Recompletion	Change in Transporter of:		Letter of 3/24/72	
Change in Ownership		ensate X From EXXX	Caribou	
If change of ownership give name and address of previous owner		•		
DESCRIPTION OF WELL AND	LEASE Well No.; Pool Name, Including	Formation Kind of Lea		
FLORANCE		Dakota State, Feder	Ledsa Mor	
Unit Letter M; 8	70 Feet From The <u>South</u> Li	ne and <u>830</u> Feet From	14. 1	
Line of Section To	waship 29 Range	8 . NMFM. 50	In Juan county	
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	48		
Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)	
Inland Corp. Name of Authorized Transporter of Car	singhead Gas 🔲 or Dry Gas 🗔	P. O. Box 1528 - Farm	ington, New Mexico 87401 oved copy of this form is to be sent;	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige.	is gas actually connected?	hen	
COMPLETION DATA	Oil Well Gas Well	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Dtil. Res'v.	
Designate Type of Completic	ii			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST FO		fer recovery of socal volume of load oil	and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	able for this de	Producing Method (Flow, pump, gas li		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
			1 3	
GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Toutenand				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION MAY 1 3 1972		
I hereby certify that the rules and re- Commission have been complied we above is true and complete to the	ith and that the information given	BYOriginal Signed by		
		TITLE SUPERVISOR DIST. #3		
3.a.7	nd n	If this is a request for allow	compliance with RULE 1104.	
(Signa	twe)	well, this form must be accompa- tests taken on the well in accor	nied by a tabulation of the deviatic	

Sr. Production Clerk
(Title)

(Date)

5/9/72

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of conditions. All sections of this form must be filled out completely for allowable on new and recompleted wells.

NO SECTIONS RES	: 4	L	
DISTRIBUTION			
SANTA FE .			
FILE			-
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS		
OPERATOR	1		
PROPATION OFFICE			•

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SANTA FE . /	NEW MEXICO OIL REQUES	CONSERVATION COMMISSION OF FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1	
U.S.G.S.	AUTHODIZATION 70 70	AND	Elfactiva 1-1-65	
LAND OFFICE	AUTHORIZATION TO TI	RANSPORT OIL AND NATURA	L GAS	
THANSPORTER OIL /	· ·		•	
OPERATOR /				
PRORATION OFFICE	·	•		
Tenneco Oil	Company	·		
Address				
Suite1200 Linco		er, Colorado 80203		
Reason(s) for filing (Check proper bo	Change in Transporter of:	Other (Please explain)	•	
Recompletion .	OII Dry		Letter of 3/24/72	
Change in Ownership	Casinghead Gas Cond	lensate X From EXXX	Caribou	
If change of ownership give name				
and address of previous owner	······································			
DESCRIPTION OF WELL AND	LEASE Well No.; Pool Name, Including	Formation Kind of L		
FLORANCE	30 Blanco M		leral or Fee	
Location			, 24	
Unit Letter; 87	O Feet From The <u>South</u> L	ine and 830 Feet Fro	om The West	
Line of Section To	ownship 29 Range	8 NMPM, 3	an Juan County	
THE SECULTION OF THE SECOND	TUD OF OH AND MATHRAY O	4.0		
Name of Authorized Transporter of Ci	TER OF OIL AND NATURAL G		proved copy of this form is to be sent)	
Inland Corp.		P. O. Box 1528 - Fars	mington New Mexico 87/01-	
Name of Authorized Transporter of Ca	singhead Gas Cor Dry Gas Co	Address (Give address to which ap	proved copy of this form is to be sent)	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected?	When	
give location of tanks.	M: 1:29:8	1	· · · · · · · · · · · · · · · · · · ·	
If this production is commingled win COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			7.5.1.0.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SILE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
,				
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allows	
OII, WELL Date First New Cil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas		
	Date of Test	Producing Method (Fiew, pump, gas	iii, etc.)	
Length of Test	Tubing Pressure	Casing Preseure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	0.000	
	0.5-22.66	Adies - Dois.	Gaa-MCF	
0.10	• .			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	I Company of Continue of Conti	
			Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIANCE	l	011 0011555	ATION COMMISSION	
ICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION MAY 1.5 1972		
hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		APPROVED, 19		
		By Original Signed by Emery C. Arnold		
		TITLE SUPERVISOR DIST. #3		
		This form is to be filed in compliance with RULE 1104.		
J. U- Lux		If this is a request for allo	wable for a newly drilled or deepened	
(Signature)			anied by a tabulation of the deviation	

Sr. Production Clerk 5/9/72

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 Sections I II III and VI for changes of owner.