

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-110
Effective 1-1-65

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SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRODUCTION OFFICE	

Operator Tenneco Oil Company	
Address P. O. Box 1714, Durango, Colorado 81301	
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 Flourance	Well No. 82	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Fed.	Lease No. SF 080246
Location				
Unit Letter C	890	Feet From The South	Line and 1520	Feet From The East
Line of Section 22	Township 29N	Range 9W	, NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
None		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

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 3/28/66	Date Compl. Ready to Prod. 4/13/66	Total Depth 2365	P.B.T.D. 2287					
Elevations (DF, RKS, RT, GR, etc.) 5755 Gr.	Name of Producing Formation Blanco Pictured Cliffs	Top Oil/Gas Pay 2237	Tubing Depth ---					
Perforations 2237-2254 Pictured Cliffs			Depth Casing Shoe 2364'					
TUBING, CASING, AND CEMENTING RECORD								
PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	134	100					
7-7/8"	3-1/2"	2364	250					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 3887	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravim. of Condensate
Testing Method (prior, back pr.) Back Pr.	Tubing Pressure (Chart-in) ---	Casing Pressure (Chart-in) 938	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.

W. R. Hughes
W. R. Hughes

(Title)

January 4, 1968

(Date)

OIL CONSERVATION COMMISSION

JAN 5 1968

APPROVED _____, 19

Original Signed by Emery C. Arnold

BY _____

TITLE SUPERVISOR DIST. #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 Sections I, II, III, and VI 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.