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

Production Analyst

July 28, 1981

(Title)

(Date)

Ī	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104					
	SANTA FE	l l	FOR ALLOWABLE	Supersedes Old C-104 and C-11					
ŀ	FILE	7	AND	Effective 1-1-65					
- 1			•	0.4.5					
- 1	U.S.G.S.	_ AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	. GAS					
1	LAND OFFICE	_							
	TRANSPORTER GAS	-							
	OPERATOR	_							
1		- 							
1.	PRORATION OFFICE	1							
	Operator								
Tenneco Oil Company Address P. O. Box 3249, Englewood, CO 80155									
						Reason(s) for filing (Check proper bo		Other (Please explain)	
						· _	_		
	New Well	Change in Transporter of:		·					
	Recompletion	Oil Dry Gas	= 1						
	Change in Ownership	Casinghead Gas Conden	sate X						
	If change of ownership give name and address of previous owner								
IJ.	DESCRIPTION OF WELL AND	LEASE							
	Lease Name	Well No. Pool Name, Including Fo							
	Florance	23A Blanco Me	esa Verde State, Fed	lergi of Fee Federal SF 080247					
	Location								
		0- 11	1005	om The East					
	Unit Letter I ; 14.	Feet From The South Lin	e and 1085 Feet Fro	om TheBast					
	Line of Section 24 T	ownship 29N Range	9W , NMPM, San	Juan County					
	THE STATE OF THE STATE OF	TED OF OUT AND NATURAL GA	s						
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	Address (Give address to which ap	proved copy of this form is to be sent)					
	Name of Authorized Transporter of C								
	Caribou Four Corne	rs	Box 175, Kirtland, N	lew Mexico 8/41/					
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas 🔀	Address (Give address to which ap	proved copy of this form is to be sent)					
	Southern Union Gat	hering Company	Box 808, Farmington,	New Mexico 87401					
		Unit Sec. Twp. Rge.	Is gas actually connected?	When					
	If well produces oil or liquids,								
	give location of tanks.	I 24 29N 9W	Yes						
	If this production is commingled y	with that from any other lease or pool,	give commingling order number:						
E 187	COMPLETION DATA								
1 V .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.					
	Designate Type of Complet	ion - (X)							
			X Total Depth	P.B.T.D.					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth						
	4/20/77	5/22/77	5398! Top Cil/Gas Pay	5300.					
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth					
		Blanco Mesa Verde	4570'	5248'					
	6382' gr.	Dianco riesa verde		Depth Casing Shoe					
	Perforations	0701							
	5284-4915', 4583-4	5284-4915', 4583-4870' TUBING, CASING, AND CEMENTING RECORD							
			D CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	12-1/4"	9-5/8"	215'	225 sx					
	8-3/4"	7"	3328'	515 sx					
		4-1/2"	3181-5397'	225 sx					
	6-1/8"								
		2-3/8"	5248'						
v	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load	oil and must be equal to or exceed top allow					
٧,	OIL WELL	able for this d							
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as uft, etc.)					
				grant was a second					
		Tubing Pressure	Casing Pressure	Choke Size					
	Length of Test	, abing 1 to 5 to 5							
			Water-Bbis.	Sim See THEFE					
	Actual Prod. During Test	Oil-Bbls.	Water-Bals.	E the case of the case of					
				4091					
			1 1	AUG 3 - 1981					
	CAC WELL		/ 01	THE PART OF THE PA					
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	DIST 3 Condinente					
	Actual Prod. Test-MCF/D			hior a					
			Company (Shut-In)	Choke San					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	ns					
				Con Control Control					
	CERTIFICATE OF COURT IANCE		OIL CONSER	RVATION COMMISSION					
VI	. CERTIFICATE OF COMPLIA	INCE	1	ΔIIG 3 - 1921					
			40000000	700 0 100 1					
	I hereby certify that the rules ar	d regulations of the Oil Conservation	APPROVED						
	a this time been complied with and that the inight allon kiveli			FRANK T. CHAVET					
above is true and complete to the best of my knowledge and belief.		BYOnmon Signed b	SUPERVISOR DISTRICT #						
			} [
			TITLE						
	C+ / /// /		This form is to be filed	in compliance with RULE 1104.					
	17 - 1/1/1 // 1/1	·							
	1 12-7/1/2 ///		mell this form must be acco	encompanied by a tabulation of the deviation					

tests taken on the well in accordance with RULE

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