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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	/_		
	GAS	1		
OPERATOR				
PRORATION OF	ICE			
Operator				

Sr. Production Clerk

August 2, 1965

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

	SANTA FE	 	REQUEST	FOR ALLOWABLE		Effective 1-1-65	
	FILE / -/	AUTUON	174710N TO TO	AND	HATUDAL /	~ A C	
	U.S.G.S. LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	OIL /						
	TRANSPORTER GAS /						
	OPERATOR						
1.	PRORATION OFFICE						
	Operator						
	Tenneco Oil Comp	any					
	Address						
	Reason(s) for filing (Check proper box	o, Colorado		Other (Please	explain)		
	New Well		ransporter of:	J. T.	,		
	Recompletion X	Oil	Dry Go	s 🗍 * Reco	mpleted t	o Dakota	
	Change in Ownership	Casinghead	Gas Conde	nsate 🔲		•	
							-
	If change of ownership give name and address of previous owner						
	and dedices of provides owner						
II.	DESCRIPTION OF WELL AND	LEASE	Turn to St. T. St 1 St.	me, Including Formation		Kind of Lease	
	Lease Name		1			State, Federal or Fee	Federal
	Florance		29 Bas	in Dakota		Didicy i decision of the	
	Location	20	Cauth	. 1710		m. Fort	
	Unit Letter K; 15	JU Feet From	The South Lir	ne and <u>3730</u>	Feet From	The <u>East</u>	
	Line of Section 25 , Too	vnship 30 N	Range	8 W , NMPM	San Ju	ian	County
	Line of Section 2) , 10	-113.11p		<u> </u>	· Dan oc		
III.	DESIGNATION OF TRANSPORT	TER OF OIL A	ND NATURAL GA	ıs			
	Name of Authorized Transporter of Oil	or Con	lensate 🛴	Address (Give address		ved copy of this form is to	be sent)
	Lamar Trucking				_	on, New Mexico	
	Name of Authorized Transporter of Car	singhead Gas	or Dry GasA	_		ved copy of this form is to	be sent)
	Southern Union			<u> </u>		ton, New Mexico	
	If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connect NO		Approximately 8	-1-65
	give location of tanks.	1. V 192	130 : 8	<u> </u>	L	Approximatery of	
	If this production is commingled wi	th that from any	other lease or pool,	give commingling orde	r number:		
IV.	COMPLETION DATA	Oil	Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.
	Designate Type of Completic	on $-(X)$, x		· X		X
	Date Spudded	Date Compl. Red	dy to Prod.	Total Depth		P.B.T.D.	
	12-10-64	1-	5 - 65	7680		7638	
	Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
	Dakota	Da.	kota	7360-76	80	7320	
	Perforations	7501 71:0	7 02 70 67	7262 7260		Depth Casing Shoe	
	7541, 7520, 7506, 7501, 7497, 93, 70, 67, \$363, 7360 7680 TUBING, CASING, AND CEMENTING RECORD						
			DEPTH SET		SACKS CEMENT		
	HOLE SIZE			7680		1st stage 344 sacks	
	6-1/4 4-1/2		3/8 Seal Lock			2nd stage 256	
		 	<u> </u>				
v.	TEST DATA AND REQUEST F	OR ALLOWAB	LE (Test must be a	fter recovery of total volu	ime of load oil	and must be equal to or es	ceed top allow-
• •	OIL WELL		able for this d	Producing Method (Flor		(6 at)	
	Date First New Oil Run To Tanks	Date of Test		Producing Method (Fibi	v, pump, gas i	TOFIL)	
		Tubing Pressure		Casing Pressure		Chok see	
	Length of Test	I doning Freeback				\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TD /
	Actual Prod. During Test	Oil-Bbls.		Water - Bbls.		Gds-MCF/IC 3	
	Actual Float Burning 1999					HOG 3 TO	965
		<u> </u>				OIL CON. C	OM.
-X	GAS WELL	_				DIST. 3	
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMC	F	Gravity i Condensate	
	2794	3 ho		-			
	Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pressure Packer		Choke Size	
	AOF	212		1			
VI.	CERTIFICATE OF COMPLIAN	CE		11		ATION COMMISSION	I
	•		-	APPROVED OC	T 13 1965		19
	I hereby certify that the rules and	vith and that th	e information given	14		,	
	above is true and complete to the	ssion have been complied with and that the information given is true and complete to the best of my knowledge and belief.		BY Original Signed Emer		d Emery C. Arr	
			-	TITLE Supervi	sor Dist. #	3	
		r		11			
	-1	1 1		II This form is to	o be filed in	compliance with RULE	1104.
1	Hawlde Mich	л н	. C. Nichols			wable for a newly drille	d or deenened

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 Sections I, II, III, and VI only 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.