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SANTA FE		1/	
FILE		/	
U.S.G.S.			
LAND OFFICE			<u> </u>
TRANSPORTER	OIL	1/	
	GAS	1	<u> </u>
OPERATOR		1,	
PRORATION OFFICE			
Omenates			

III.

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE	AUTHORIZATION TO TRA	AND			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS			
ŀ	OIL /					
	TRANSPORTER GAS					
	OPERATOR					
I.	PRORATION OFFICE		A CONTRACTOR OF THE CONTRACTOR			
	Tenneco Oil Company	•				
ŀ	ddress					
	P. O. Box 1714, Dur	ango, Colorado				
	Reason(s) for filing (Check proper box)		Other (Please explain) Change			
ŀ	New Well	Change in Transporter of: Oil Dry Gas	Name & Number	Only		
	Recompletion Change in Ownership	Oil Dry Gas  Casinghead Gas Conden	<del>                                      </del>	i		
į	Glidalige III Gwilliadan					
	If change of ownership give name and address of previous owner					
	•	•				
II.	DESCRIPTION OF WELL AND I	EASE Well Name Changed I	From Howell No. 3	d of Lease		
	Lease Name Florance			e, Federal or Fee Federal		
	Location					
	Unit Letter H ; 1475	Feet From The North Line	e and 1090 Feet From The	East		
	Jan 2000 / /					
	Line of Section 30 , Town	nship 30 Range	8 , NMPM, San Juai	1 County		
	DESCRIPTION OF TRANSPORT	SED OF OUT AND NATURAL GA	S			
H1.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved co	ppy of this form is to be sent)		
	McWood Corporation		200 So. Fairview Avenue,	Farmington, New Mexico		
	Name of Authorized Transporter of Cast	inghead Gas 🔲 💮 or Dry Gas 💢	Address (Give address to which approved copy of this form is to be sent)			
	Southern Union Gath		Fidelity Union Tower, Dal	Las, Texas		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	-8-57		
	give location of tanks.			<u> </u>		
	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give comminging order number.			
. v .		Oil Well Gas Well	New Well Workover Deepen Plu	g Back   Same Res'v.   Diff. Res'v.		
	Designate Type of Completion		l l	3.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth P.E	5.1.0.		
	Deal	Name of Producing Formation	Top Oil/Gas Pay Tul	oing Depth		
	Pool	Hame of Fredering Fredering				
	Perforations		Dep	oth Casing Shoe		
			DEPTH SET	SACKS CEMENT		
	NOTE: Original Nam	e of Well - Howell No. 3				
	NOIE: Original nam	e or werr - nowerr nos				
	Change requested by	New Mexico Oil Conserva	tion Commission			
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil and mepth or be for full 24 hours)	ust be equal to or exceed top allow-		
	OIL WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, A	PELLE		
	Date Flist New Cir Hair 10 1 and		0	ri.rived \		
	Length of Test	Tubing Pressure	Casing Pressure	200		
			W Dil	196 <b>5</b> 196 <b>5</b>		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	L CON. COM.		
			10	DIST. 3		
	GAS WELL	•				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Gro	rvity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure Ch	oke Size		
			OIL CONSERVATION	ON COMMISSION		
VI.	CERTIFICATE OF COMPLIANC	CE		ON COMMISSION		
	The state and the the sules and t	egulations of the Oil Conservation	APPROVED APR 5 1965			
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.		BY Original Signed Emery C. Arnold  TITLE Supervisor Dist. # 3				
					This form is to be filed in compliance w	
liance with RULE 1104.						
(Signature) J. H. Watkins District Office Supervisor (Title)		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.	
			•	29/65	Fill out Sections I. II. III. and VI only for changes of owner,	
			well name or number, or transporter, o	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.