	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104
1.	SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL / GAS /  OPERATOR  PRORATION OFFICE			Supersedes Old C-104 and C-110 Elloctive 1-1-65 GAS
	TENNECO OIL COMPANY	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden	Other (Please explain)	·
	and address of previous owner  DESCRIPTION OF WELL AND I	I FACE		
	Florance Location	Well No. Pool Name, Including For SA Blanco Mesa Ve	erde State, Feder	
	00			n Juan County
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau Refining	or Condensate	S Address (Give address to which appropriate P. O. Box 108, Farming Address (Give address to which appropriate address to which add	
	Southern Union Gather  If well produces oil or liquids, give location of tanks.  If this production is commingled with	•	P. O. Box 398 Bloomfie	<b>;</b>
JV.	Date Spudded	on - (X) Gas Well  Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	Plug Back   Same Res'r.   Diff. Res'v.   P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth  Depth Casing Shoe
	Perforations			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	OCEPHO SET COM	SACKS CEMENT
			OIL CON 3	
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 Cil Bun To Tanks   Date of Test    Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Oil Run To Tanks	Date of Test	Casing Pressure	Choke Size
	Length of Test  Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Water-Bbls.	Gas-MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION  OCT 6 1975	
	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 by A. R. Kendrick	

(Signature)

(Title)

(Date)

Production Clerk

, 1975 SUPERVISOR DIST. #3 TITLE .

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