4			<b>,</b> , , , , , , , , , , , , , , , , , ,	
NO. OF COPIES RECEIVED	3			
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104	
SANTA FE /		T FOR ALLOWABLE	Supersedes Old C-104 and C	
FILE /	1	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TE		I GAS	
LAND OFFICE	NOTIONIZATION TO TR	INI AND CORPORA	L GAS ATION PURCHASED ALL THE ASSETS TRUCKING INC. AND INLAND CRUE	
OIL /				
TRANSPORTER GAS /				
OPERATOR /		DEDANT 出 670 Wit	AICH HAS DESIGNATION	
PRORATION OFFICE		INLAND CORPORA		
Operator	<u> </u>			
Tennece Oil Con	rpany		INLAND CORPORATION	
Address				
P. O. Bex 1714,	Durango, Celerade			
Reason(s) for filing (Check prope	· box)	Other (Please explain)	For Record Purposes Only	
New Well	Change in Transporter of:	Designation of	transporter of	
Recompletion	Oil Dry (			
Change in Ownership	Casinghead Gas Cond	lensate		
Colored Colored	Southern Union Gathering	g owns tank battery and	handles sale of liquids.	
DESCRIPTION OF WELL A	ND LEASE	Name, Including Formation	Kind of Lease	
Florence	9 B1s	mes Mesaverde	State, Federal or Fee	
Location <b>M</b>	000	224	**	
Unit Letter;	990 Feet From The 8 L	ine and Feet Fr	om The	
13	20 -			
Line of Section 13	, Township 30 Range	<b>9</b> , NMPM,	San Juan Count	
	ACCUMENTATION OF ANY AND MATTERIAL (	340		
Name of Authorized Transporter of	PORTER OF OIL AND NATURAL G	Address (Give address to which ar	oproved copy of this form is to be sent)	
Lener Trucking, In		_ ` <u>_</u> `		
		P. O. Bex 1528; Farm	opproved copy of this form is to be sent)	
Southern Union Gathe			Fidelity Union Tower, Dellas, Texas	
Degeneral Correct Center	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
If well produces oil or liquids,			i when	
give location of tanks.		Yes		
If this production is commingle	d with that from any other lease or poo	<ol> <li>give commingling order number:</li> </ol>		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res	
Designate Type of Comp		New West Wester Beepen	1 lag Sam Samo Hos W	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded	Date Compi. Heady to 1 four	Total Doptii	1.2.1.2.1	
D-3	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Pool	Name of Producing 1 officiation	Top on, day I ay		
Perforations			Depth Casing Shoe	
Perforations				
	TURING CASING A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TOBING SIZE	DEF (A 3E)	SACKS CLINENT	
TEST DATA AND REQUES		e after recovery of total volume of load depth or be for full 24 hours)	oil and must be equal to or exceed top al	
OIL WELL  Date First New Oil Run To Tank		Producing Method (Flow, pump, ga	is lift, etc.)	
			COLII VI	
Length of Test	Tubing Pressure	Casing Pressure	Cho e94	
Longin of Feet	,		/ VINTIATO /	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gis-MCF	
			1965 Table 1965	
I			OIL CON. COM.	
GAS WELL			DIST. 3	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
. coming months (prote, back pro)	1			
CERTIFICATE OF SOUTH	TANCE	011 0011055	NATION COMMISSION	
CERTIFICATE OF COMPL	IANCE	OIL CONSER	RVATION COMMISSION	
		APPROVED MAY 5 196	55, 19	
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. #	4.3	
Original Co		TITLE TITLE	1 <del>5</del>	
Original Signed By: J. H. WATKINS		This form is to be filed	in compliance with RULE 1104.	
		_    If this is a request for a	llowable for a newly drilled or deeper	
	(Signature)	well, this form must be accor	mpanied by a tabulation of the deviat	
District College Co	and and	tests taken on the well in a	COOLGANGE WITH MAPE 1111	

District Office Supervisor

April 30, 1965

(Title)

(Date)

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.

 $\,$  All sections of this form must be filled out completely for allowable on new and recompleted wells.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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