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	SANTA FE /	NEW MEXICO OIL C	Form C-104			
	FILE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	407000174710470 70	AND			
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS		
	TOIL /					
	TRANSPORTER GAS /					
	OPERATOR /			CORPLAND		
_	PRORATION OFFICE					
1.	Operator	<u> </u>		1.0.4200		
	TENNECO OIL COMPANY			JAN 1 6 1969 /		
	Address			1 2011		
	1200 Lincoln Tower Bui	lding, Denver, Colorado	80203	. OIL CON. COM		
	Reason(s) for filing (Check proper box)		Other (Please explain)	DIST. 3		
	New We!1	Shange in Transporter of:				
	Recompletion	Oil Dry Ga	s 🗍			
	Change in Ownership	Casinghead Gas Conden				
	If change of ownership give name					
	and address of previous owner					
11	DESCRIPTION OF WELL AND I	LEASE				
•••	Lease Name	Well No. Pool Name, including Fo	ormation Kind of Lease	Lease No.		
	Florance	58 Blanco Pictu	red Cliffs State, Federal	or Fee FED SF - 08004		
	Location					
	Unit Letter M; 85	5 Feet From The South Line	e and 1060 Feet From T	he_WEST		
	Line of Section 14 Tow	mship 30N Range	OW , NMPM, San	Tuan County		
	Elle of Section 14 154	namp 5011 Italige	ow , NMPM, San	Juan Scant,		
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)		
	Rock Island Oil Company	-	Post Office Box #328.	Farmington, New Mexico		
	Name of Authorized Transporter of Cas		Post Office Box #328, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent) Post Office Box #990, Farmington, New Mexico			
	ElPaso Natuaral Gas Co	mpany				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When			
	give location of tanks.	M 14 30N 9W	YES	September 11, 1968		
	**	h that from any other lease or pool,		20000002 44, 27000		
IV.	COMPLETION DATA	n that from any other lease of pool,	give comminging order number.			
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	$\mathbf{x} = \mathbf{x}$	i x :			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	2-5-66	4-2-66	30331	2970!		
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth		
	6135 GR	Blanco Pictured Cliffs	2908'	NONE		
	Perforations		<u> </u>	Depth Casing Shoe		
	2908'-2923'	·				
		TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/4"	8-5/8"	140'	100		
	7-7/8"	3-1/2"	3032'	490		
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
• •	OIL WELL		pth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
				<u> </u>		
	A D . D d	Oil - Bhia	Water-Bhia	Ggs - MCF		

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	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

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.

Don 1	. Cook	
	(Signature)	
Production Cler	k	
	er in the	

(Date)

1-14-69

OIL CONSERVATION COMMISSION

APPROVED		•			JAN 1,6 19	69
By Original	Signed	by	Emery	Ç	Arnold	
TITLE	SUPERVISOR DIST.					

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 completed wells.