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TRANSPORTER	OIL	
	GAS	/
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Tenneco Oil Company	
Address P. O. Box 1714, Durango, Colorado 81301	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Effective first delivery
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name Florance	Well No. 51Y	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Fed	Lease No. 077833
Location				
Unit Letter B	865	Feet From The North	Line and 1565	Feet From The East
Line of Section 20	Township 30N	Range 9W	, NMPM, San Juan County	

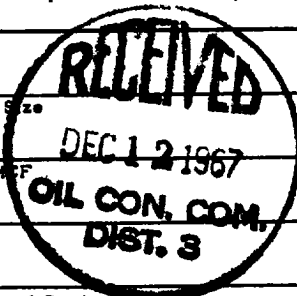
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 20	Twp. 30N	Rge. 9W	Is gas actually connected? No	When On Approval

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 3/14/66	Date Compl. Ready to Prod. 3/24/66	Total Depth 2840	P.B.T.D. 2767					
Elevations (DF, RKB, RT, GR, etc.) 6018 Gr.	Name of Producing Formation Blanco Pictured Cliffs	Top Oil/Gas Pay 2721	Tubing Depth None					
Perforations 2721-2737 Pictured Cliffs			Depth Casing Shoe 2837					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8	205	150					
7-7/8	3-1/2	2837	950 sx					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 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 4323	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pr.	Tubing Pressure (shut-in) --	Casing Pressure (shut-in) 776	Choke Size 3/4

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED DEC 12 1967, 19	
M. K. Wagner (Signature)		Original Signed by Emery C. Arnold	
(Title)		BY	
December 7, 1967.		TITLE SUPERVISOR DIST. 73	
(Date)		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.	