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	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

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

I.

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

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 52	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Fed	Lease No. SF 077833
Location				
Unit Letter <b>E</b> ; 1830 Feet From The South Line and 950 Feet From The East				
Line of Section 20 Township 30N Range 9W, NMPM, San Juan County				

III. 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 H	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: \_\_\_\_\_

IV. 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 3/10/66	Date Compl. Ready to Prod. 4/2/66		Total Depth 2939		P.B.T.D. 2875			
Elevations (DF, RKB, RT, GR, etc.) 6127 Gr.	Name of Producing Formation Blanco Pictured Cliffs		Top Oil/Gas Pay 2800		Tubing Depth None			
Perforations 2800-2812					Depth Casing Shoe 2937			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		109		80 sx			
7-7/8"	3-1/2"		2937		490 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 3329	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitos, back pr.) Back Pr.	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) 823	Choke Size 3/4"

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.

M. K. Wagner  
M. K. Wagner (Signature)

(Title)

December 7, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 12 1967 19  
BY Original Signed by Emery C. Arnold  
TITLE SUPERVISOR DIST. #3

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.