			i			
1	NO. OF COPIES RECEIVED		u			
Ì	DISTRIBUTION					
1	SANTA FE					
i	FILE		1			
ĺ	u.s.g.s.					
	LAND OFFICE					
	IRANSPORTER	GAS	1			
	OPERATOR		L			
	PRORATION OFFICE					
	Tenneco () il Compar Address P. O. Box 1714, Dt Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership					
	New Well Recompletion	(Check p	roper	box)		
1.	New Well Recompletion	Check p	e nar	ne		

	SANTA FE /	_	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110			
	FILE	NEGOES!	AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS			
	LAND OFFICE						
	TRANSPORTER GAS /						
	OPERATOR			·			
I.	PRORATION OFFICE						
	Operator						
	Tenneco Oil Compar	у					
	P. O. Box 1714, Durango, Colorado						
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well X	Change in Transporter of: Oil Dry Gar					
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	<u> </u>				
	If change of ownership give name and address of previous owner						
				•			
II.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.			
	State Com. "LL"	13 Blanco Picture	ed Cliffs State, Federal	or Fee State B11303			
	Location						
	Unit Letter L; 165	O Feet From The South Line	e and 990 Feet From T	The West			
	Line of Section 32 Tow	nship 30N Range	9W , NMPM, San Ju	county County			
	Line of Section 32 Town	nship JUN Range	Zn y control San Ju	ear county			
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	and compared this form in the last of the			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approv	ved copy of this form is to be sent)			
	El Paso Natural Ga		P. O. Box 990, Farming	ton. New Mexico			
	If we'll produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe				
	give location of tanks.		1				
v.,	If this production is commingled with	n that from any other lease or pool,	give commingling order number:				
1V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio	n – (X)	x				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	7/15/66 Elevations (DF, RKB, RT, GR, etc.)	8/12/66 Name of Producing Formation	2490 Top Oil/Gas Pay	7454 Tubing Depth			
	5759 Gr.	Blanco Pictured Cliffs	1 .				
	Perforations	22000		Depth Casing Shoe			
	2344–2387		A STANSANTANA DEGARDA	2488			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4"	8-5/8"	124	100			
	7-7/8"	3-1/2"	2488	250			
				<u> </u>			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be also able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	"Y"KLLIYCD \			
			Casing Pressure	Choke Stze			
	Length of Test	Tubing Pressure	Cusing Piessau	Chake Size 2 1269			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	PHYCOM. COM.			
				DIST. 3			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	2993	3 hrs					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back Pr.		1023	3/4"			
VI.	CERTIFICATE OF COMPLIANCE	CE		ATION 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 MAR 12 1968 . 19 By Original Signed by A. R. Kendrick PETROLEUM ENGINEER DIST. NO. 3				
			TITLE				
			This form is to be filed in compliance with RULE 1104.				
	M. K. Wagner (Signature)		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				
	M. K. Wagner / (Signature)		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.				
	(Title)						
	3/11/68		Eill out only Sections I I	 III, and VI for changes of owner, ter, or other such change of condition. 			
	(Do	ite)	well name or number, or transpor	it be filed for each pool in multiply			
			completed wells.				