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| FILE                   |     | 1 | سا |  |  |
| U.S.G.S.               |     |   |    |  |  |
| LAND OFFICE            |     |   |    |  |  |
| TRANSPORTER            | OIL |   |    |  |  |
|                        | GAS | / |    |  |  |
| OPERATOR               |     | 2 |    |  |  |
| PRORATION OFFICE       |     |   |    |  |  |
| Operator               |     |   |    |  |  |

| - 1                                                       | HO. OF COPIES RECEIVED                                                                                                                                                                                   |                                                              |                                                                     |                                       | ſ                                                                  |                                  |  |  |  |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------|----------------------------------|--|--|--|
|                                                           | DISTRIBUTION  SANTA FE  FILE  / L                                                                                                                                                                        | REQUEST FOR ALLOWABLE                                        |                                                                     | SSION                                 | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65         |                                  |  |  |  |
|                                                           | U.S.G.S.  LAND OFFICE  IRANSPORTER  OIL                                                                                                                                                                  | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS               |                                                                     |                                       |                                                                    |                                  |  |  |  |
| 1.                                                        | OPERATOR 2 PRORATION OFFICE Operator                                                                                                                                                                     |                                                              |                                                                     |                                       |                                                                    |                                  |  |  |  |
|                                                           | Tenneco Oil Company                                                                                                                                                                                      |                                                              |                                                                     | ····                                  |                                                                    |                                  |  |  |  |
|                                                           | Address Suite 1200 Lincoln T                                                                                                                                                                             |                                                              |                                                                     |                                       |                                                                    |                                  |  |  |  |
|                                                           | Reason(s) for filing (Check proper box) New Well                                                                                                                                                         | son(s) for filing (Check proper box)  Other (Please explain) |                                                                     |                                       |                                                                    |                                  |  |  |  |
|                                                           | Recompletion                                                                                                                                                                                             | Oil Dry Gas Add Labling Stilling 101 unitoading fidid.       |                                                                     |                                       |                                                                    |                                  |  |  |  |
|                                                           | Change in Ownership                                                                                                                                                                                      | Casinghead Gas Conden                                        | sate                                                                | <del></del>                           |                                                                    |                                  |  |  |  |
|                                                           | If change of ownership give name and address of previous owner                                                                                                                                           |                                                              |                                                                     | · · · · · · · · · · · · · · · · · · · |                                                                    |                                  |  |  |  |
| II.                                                       | DESCRIPTION OF WELL AND I                                                                                                                                                                                | LEASE.   Well No.   Pool Name, Including Fo                  | ormation                                                            | Kind of Lease                         |                                                                    | Léase No.                        |  |  |  |
|                                                           | Florance                                                                                                                                                                                                 | 55 Blanco Picture                                            | Cliffs                                                              | State, Federal                        | or Fee Fed SF (                                                    | 080003                           |  |  |  |
|                                                           | Location  Intelleter M 11                                                                                                                                                                                | .45 Feet From The South Lin                                  | e and 900                                                           | _ Feet From Th                        | e West                                                             |                                  |  |  |  |
|                                                           |                                                                                                                                                                                                          |                                                              | County                                                              |                                       |                                                                    |                                  |  |  |  |
| Line of Section 22 Township 30N Range 9W , NMPM, San Juan |                                                                                                                                                                                                          |                                                              |                                                                     |                                       |                                                                    |                                  |  |  |  |
| 111.                                                      | Name of Authorized Transporter of Cil                                                                                                                                                                    | or Condensate                                                | Address (Give address t                                             | o which approve                       | ed copy of this form is to b                                       | e sent)                          |  |  |  |
|                                                           | None Name of Authorized Transporter of Cas                                                                                                                                                               | singhead Gas or Dry Gas                                      | Address (Give address t                                             | o which approve                       | ed copy of this form is to b                                       | copy of this form is to be sent) |  |  |  |
|                                                           | El Paso Natural Gas                                                                                                                                                                                      | Company Unit Sec. Twp. Rge.                                  | P. O. Box 990 Farmington, New Mexico Sas actually connected? When   |                                       |                                                                    | 87401                            |  |  |  |
|                                                           | If well produces oil or liquids, give location of tanks.                                                                                                                                                 |                                                              | Yes                                                                 |                                       | ne 26, 1968                                                        |                                  |  |  |  |
| IV                                                        |                                                                                                                                                                                                          | th that from any other lease or pool,                        | give commingling order                                              | number:                               |                                                                    |                                  |  |  |  |
| 17.                                                       | Designate Type of Completic                                                                                                                                                                              | Oil Well Gas Well                                            | New Well Workover                                                   | Deepen                                | Plug Back   Same Res'v.                                            | Diff. Res'v.                     |  |  |  |
|                                                           | Date Spudded                                                                                                                                                                                             | Date Compl. Ready to Prod.                                   | Total Depth                                                         |                                       | P.B.T.D.                                                           | <u> </u>                         |  |  |  |
|                                                           | 8/27/65                                                                                                                                                                                                  | 9/29/65 Name of Producing Formation                          | 2700 * Top Oil/Gas Pay                                              |                                       | 2650' Tubing Depth                                                 |                                  |  |  |  |
|                                                           | Elevations (DF, RKB, RT, GR, etc.) 6106 GR                                                                                                                                                               | Blanco Pictured Cliff                                        | 2583'                                                               |                                       | 2579'                                                              |                                  |  |  |  |
|                                                           | Perforations                                                                                                                                                                                             | Depth Casing Shoe                                            |                                                                     |                                       |                                                                    |                                  |  |  |  |
|                                                           | 2600 - 2583                                                                                                                                                                                              | 2600 - 25831 TUBING, CASING, AND CEMENTING RECORD            |                                                                     |                                       |                                                                    |                                  |  |  |  |
|                                                           | HOLE SIZE CASING & TUBING SIZE                                                                                                                                                                           |                                                              | DEPTH SET                                                           |                                       | SACKS CEMENT                                                       |                                  |  |  |  |
|                                                           | 12-1/4"                                                                                                                                                                                                  | 8-5/8 <sup>11</sup> 109<br>3-1/2 <sup>11</sup> 2687          |                                                                     |                                       | 453 sx cement + 686                                                |                                  |  |  |  |
|                                                           |                                                                                                                                                                                                          | 1-1/4"                                                       | 2579                                                                |                                       | sx dig mix                                                         |                                  |  |  |  |
| V.                                                        | TEST DATA AND REQUEST F                                                                                                                                                                                  | OR ALLOWABLE (Test must be a                                 |                                                                     | me of lower                           | equal to or exc                                                    | eed top allow                    |  |  |  |
|                                                           | Date First New Oil Run To Tanks                                                                                                                                                                          | Date of Test                                                 | Producing Method (Flou                                              | REU                                   | H-fn                                                               |                                  |  |  |  |
|                                                           | Length of Test                                                                                                                                                                                           | Tubing Pressure                                              | Casing Pressure                                                     | MAR                                   | 7h1969·                                                            |                                  |  |  |  |
|                                                           | Actual Prod. During Test Oil-Bbls.                                                                                                                                                                       |                                                              | Water-Bbls.                                                         | OIL CO                                | F-COM.                                                             |                                  |  |  |  |
|                                                           |                                                                                                                                                                                                          |                                                              |                                                                     |                                       |                                                                    |                                  |  |  |  |
|                                                           | GAS WELL Actual Prod. Test-MCF/D                                                                                                                                                                         | Length of Test                                               | Bbls. Condensate/MMC                                                | F                                     | Gravity of Condensate                                              |                                  |  |  |  |
|                                                           |                                                                                                                                                                                                          | (Chile December 19)                                          | Casing Pressure (Shut                                               | -in)                                  | Choke Size                                                         | <del></del>                      |  |  |  |
|                                                           | Testing Method (pitot, back pr.)  Tubing Pressure (shut-in)  Casing Pressure (shut-in)  Choke Siz                                                                                                        |                                                              |                                                                     |                                       |                                                                    |                                  |  |  |  |
| VI                                                        | . CERTIFICATE OF COMPLIAN                                                                                                                                                                                | OIL CONSERVATION COMMISSION  APPROVED MAR 7 19 1969          |                                                                     |                                       |                                                                    |                                  |  |  |  |
|                                                           | hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief. |                                                              | BY Original Signed by Emery C. Arnold                               |                                       |                                                                    |                                  |  |  |  |
|                                                           | above is true and complete to th                                                                                                                                                                         | SUPERVISOR DIST. #3                                          |                                                                     |                                       |                                                                    |                                  |  |  |  |
|                                                           |                                                                                                                                                                                                          |                                                              | This form is to be filed in compliance with RULE 1104.              |                                       |                                                                    |                                  |  |  |  |
|                                                           | 1) on 4. C                                                                                                                                                                                               | )en H. Ceh                                                   |                                                                     |                                       | Traking is a sequent for allowable for a newly drilled or deepened |                                  |  |  |  |
|                                                           | (Sign                                                                                                                                                                                                    | iature)                                                      | well, this form must be accompanied by a tabulation of the deviatio |                                       |                                                                    |                                  |  |  |  |

Production Clerk

.... March 3, 1969\_\_\_

(Title)

(Date)

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.

