DISTRIBUTION SANTA FE FILE U.S.G.S.		5	
		1	
		1	-
LAND OFFICE			
IRANSPORTER	OIL		
INANSPORTER	GAS	,	
OPERATOR		1	
PRORATION OFFICE			

June 22, 1969 (Date)

	SANTA FE /	<u> </u>	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	1	AND			
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS		
	OIL I	1				
	TRANSPORTER GAS )	1				
•	OPERATOR /	]				
1.	PRORATION OFFICE	1				
	Operator					
	Tenneco Oil Company					
	Address					
	Reason(s) for filing (Check proper box	Tower Building, Denver,	Colorado 80203 Other (Please explain)			
	New Well	Change in Transporter of:		1		
	Recompletion	Oil Dry Ga:	s $\square$ Assign transport	rter of oil.		
	Change in Ownership	- Casinghead Gas Conden	sate			
	If change of ownership give name					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	Florance		tured Cliffs State, Federal	or Fee Fed SF 080003		
	Location	Branco Fic	carea Critis	red or 10000		
	Unit Lavar M . 3	145 Feet From The South Lin	e and 900 Feet From T	he_West		
	Unit Letter M; 1	<u>14)</u> 1 cot 1 tom 110 <u>15000011</u> 2111				
	Line of Section 22 To	waship 30N Range	GW , NMPM, San J	nan County		
III.		TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Oil					
	Caribou Four Cori	ners Oil Co.	P. O. Box 175, Kirtland Address (Give aggress to which approv	New Mexico 87417 ed copy of this form is to be sent)		
	1		P. O. Box 990, Farming			
	Fl Paso Natural If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe			
	give location of tanks.		Yes	June 26, 1968		
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:	•		
	COMPLETION DATA					
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	1	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded			2650'		
	8/27/65 Elevations (DF, RKB, RT, GR, etc.)	9/29/65 Name of Producing Formation	2700' Top Oil/Gas Pay	Tubing Depth		
	6106 GR	Blanco Pictured Cli	ffs 2583!	2579'		
	Perforations			Depth Casing Shoe		
	<b>2</b> 600 <b>-</b> 2583'			2687'		
			CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"	8 5/8"	109 2687	80 453 sx cement +:686		
	6 1/4"	3 1/2"	568.7	453 SX cement + 500		
		1 1/4"	2579			
<b>3</b> 7	TEST DATA AND PROUEST E			and must be equal to or exceed top allow-		
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date First New Oil Run To Tanks  Date of Test  OTEST must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)						
				i, etc.)		
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	onote the figure and		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MGF 111 22 1909		
	Actual Float During 1 451			COM		
				OIL CON. COM		
	GAS WELL			0131.		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
				Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
			OIL COMPERMATION COMMISSION			
VI.	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		OIL CONSERVA	TION COMMISSION 1969		
			APPROVED Signed by Emery C. Arnold			
	above is true and complete to the	ne best of my knowledge and belief.	<del>                                    </del>			
			TITLE SUPERVISOR DIST. #9			
			1	This form is to be filed in compliance with RULE 1104.		
	1 ) De _ (1 C	Josh	To this is a sequent for allowable for a nawly drilled or deepened			
	(Sie	nature)	well, this form must be accompatests taken on the well in accordance.	nied by a tabulation of the deviation		
	Production Cle	rk	Att sections of this form mu	st be filled out completely for allow-		
		Title)	able on new and recompleted we	ella.		

able 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.