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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
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

Operator
Tenneco Oil Company

Address
1200 Lincoln Tower Building, Denver, Colorado 80203

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input 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"/>

Add tubing string for lifting fluid

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 93	Pool Name, Including Formation Blanco P.C.	Kind of Lease State, Federal or Fee Fed.	Lease No. SF077833
Location				
Unit Letter C	1190	Feet From The North	Line and 790	Feet From The West
Line of Section 30	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P. O. Box 990 Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes 7/23/68

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.
Date Spudded 10/14/66	Date Compl. Ready to Prod. 7/12/67	Total Depth 2920'	P.B.T.D. 2860'					
Elevations (DF, RKB, RT, GR, etc.) 6190 GR	Name of Producing Formation Blanco P.C.	Top Oil/Gas Pay 2802	Tubing Depth 2840'					
Perforations 2802-41'			Depth Casing Shoe 2916					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	125		100				
7-7/8"	3-1/2"	2916		180				
---	1-1/4"	2840		---				

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Don H. Cook
(Signature)
Production Clerk
(Title)
2/7/69
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 17 1969
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #8
TITLE _____

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 completed 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.