

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes O-10-104 and C-110
Effective 1-1-65

DISTRICT OFFICE
COUNTY
TOWN
RANGE
SECTION
LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION OFFICE
Operator

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AND
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Tennessee Oil Company
Address
P. O. Box 1114, Durango, Colorado 81301

Reason(s) for filing (Check one or more)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Effective first delivery
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain)

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

II. PRODUCTION DATA AND LEASE
Lease Name: Florence Well No.: 94 Pool Name, including Formation: Blanco Pictured Cliffs Kind of Lease: State, Federal or Fee Fed. Lease No.: SF 077833
Location: Unit Letter: K, 1970 Feet From The: South Line and 575 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 ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent):
None
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ 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 Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETED OPERATIONS
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest'v. Diff. Rest'v.
Date Spudded: 6/3/67 Date Compl. Ready to Prod.: 7/13/67 Total Depth: 2805 P.B.T.D.: 2738
Elevations (DF, RAS, RT, GR, etc.): 6047 Gr. Name of Producing Formation: Blanco Pictured Cliffs Top Oil/Gas Pay: 2648 Tubing Depth: ---
Perforations: 2648-2650 Depth Casing Shoe: 2772
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 8-5/8" 81 110
7-7/8" 3-1/2" 2772 325

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tank: 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: 3 hrs Bbls. Condensate/MMCF: Gravity of Condensate:
Testing Method (Flow, shut-in, etc.): Tubing Pressure (Shut-in): Casing Pressure (Shut-in): Choke Size:
Back Pn. 1003 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.

A. R. Kendrick
(Title)
January 5, 1968
(Date)
OIL CONSERVATION COMMISSION
JAN 8 1968
APPROVED _____
BY Original Signed by A. R. Kendrick
TITLE PETROLEUM ENGINEER DIST. NO. 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 logs 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.