NO. OF CUPIES RECEIVED			a		
DISTRIBUTION					
SANTA FE		1			
FILE		,			
U.S.G.S.		7			
LAND OFFICE					
TRANSPORTER	OIL	1			
	GAS	1			
OPERATOR	ERATOR				
PRORATION OF					
Operator Tenneco Oil Co					
Address					
1860 Lincoln					
Reason(s) for filing (Check proper box)					
New Well	<u>M</u>				
D	1 1				

7-28 %

(Date)

DISTRIBUTION		CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE	-		
TRANSPORTER OIL /			
GAS /	 		
OPERATOR 2			
PRORATION OFFICE Operator			
,	Company		
Tenneco Oil	Company		
	n St. Suita 1200 Danyon	Calanada 90203	
Reason(s) for filing (Check proper i	n St., Suite 1200, Denver	Other (Please explain)	
New We!1	Change in Transporter of:		
Recompletion	OII Dry G	as 🗍	
Change in Ownership	Casinghead Gas Conde	ensate	
change of ownership give name			
nd address of previous owner			
ESCRIPTION OF WELL AN	ID I FASE		
ease Name	Well No. Pool Name, Including I		ı
Florance	47A Blanco Mesa	Varda State, Fede	eral or Fee Federal SF078316
_ocation		verue	
1	1505 Feet From The South Li	1920 Feet From	m The East
Unit Letter U ;	1303 Feet From The SUULII Li	ine and reet i for	1100
Line of Section 5	Township 30 North Range	9 West , NMPM, Sar	1 Juan County
Line of Section	Township CC 1151 The Indian		
SECIENATION OF TRANSPO	ORTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of	Oil or Condensate X	Address (Give address to which app	proved copy of this form is to be sent)
Thriftway		P. O. Box 1367, Farmi	ngton, New Mexico 87401
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)
Southern Union Gat		P. O. Box 398, Bloomf	ield, New M <u>exico</u> 87413
day	Unit Sec. Twp. Pge.		When
If well produces oil or liquids,		No	
give location of tanks.	1		
f this production is commingled	with that from any other lease or pool	, give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Compl	etion - (X)	X .	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded 5-11-76	6–28–76	5575'	5503'
		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc	··· /	!	5451'
6295' GL	Blanco Mesa Verde	46531	Depth Casing Shoe
Perforations 5175 - 14	holes; 485 <u>4 - 4653 = 12 h</u> o	alor.	
5455 - 5175 - 14	TURING CASING A	ND CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			200 sacks
12¼" 8 3/4"	9 5/8" casing 7" casing	3393'	453 sacks
	/ Casing	3393	200 sacks
6 1/8"	4 1/2" liner		none
	2 3/8" tubing	5451'	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load depth or be for full 24 hours)	oil and mus: Le equal to by exceed top asso
OIL WELL	4500 / 0 1100	Producing Method (Flow, pump, gas	
Date First New Oil Run To Tanks			
	Tubing Pressure	Casing Pressure	Staff 1872
Length of Test			(ot)
Actual Prod. During Test	Cil-Bbis.	Water-Bbls.	Mede-MCF
Actual Pros. During 1680			7 Kda-MCF 1916
		<i>\</i>	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condina No
9901 AOF	•	0	7.70
Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure(shut-in)	Casing Pressure (Shut-in)	Choke Size
		647	3/4"
back pressure	641		VATION COMMISSION
CERTIFICATE OF COMPL	IANCE	11	
		APPROVED	, 19
I hereby certify that the rules	and regulations of the Oil Conservation	Oni cinc	· · · · · · · · · · · · · · · · ·
	ed with and that the information give the best of my knowledge and belie		
above is true and complete to	,	TITLE	
		13	
0 0		This form is to be filed	in compliance with RULE 1104.
10 16 Vm	Signature)		the same a newly drilled or deepen
~.~.//	(Signature)	well, this form must be acco- tests taken on the well in a	
•		Il seets taken on the Well In a	must be filled out completely for allo
UIVISION F	roduction Manager	II All sections of this form	I GOTO DE INVEST AND COMPANYED TO THE STATE

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.