

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
J.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator Tenneco Oil Company		<div style="text-align: center;"> RECEIVED SEP 12 1985 OIL CON. DIV. DIST. 3 </div>
Address P. O. Box 3249, Englewood, Co 80155		
Reason(s) for filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 4A	Pool Name, Including Formation Undes. Fruitland	Kind of Lease State, Federal or Fee USA SF	Lease No. 081098A
Location Unit Letter C : 1080 Feet From The North Line and 1605 Feet From The West				
Line of Section 10 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 checked="" type="checkbox"/> Giant Refinery	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks. Unit C Sec. 10 Twp. 30W Rge. 9W	Is gas actually connected? Yes	When 1-23-85

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Scott McHenry
(Signature)
Senior Regulatory Analyst
(Title)
September, 6, 1985
(Date)

OIL CONSERVATION DIVISION		SEP 12 1985
APPROVED	<i>Frank J. [Signature]</i>	
BY	SUPERVISOR DISTRICT 3	
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 recompleted wells. Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.		

IV. COMPLETION DATA

Designate Type of Completion — (X)									
Oil Well		Gas Well		New Well		Workover		Deepen	
Plug Back		Same Resv.		Diff. Resv.					

Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
Elevations (D.F., RKB, RT, G.R., etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Perforations		Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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 (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	