STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

Tenneco Oil Company

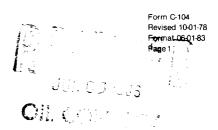
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OIL CONSERVATION DIVISION P.O. BOX 2088

SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

P.O. Box 3249, Englew	vood, CO 80155	
Reason(s) for filing (Check proper box)		Other (Please explain;
New Well Change in Transpo	orter of:	
Recompletion Oil	Dry Gas	Pool Change
Change in Ownership Casinghead	Gas Condensate	
If change of ownership give name and address of previous owner		From livides Fr.
II. DESCRIPTION OF WELL AND LEASE		on Kind of Lease 110 / Lease No.
Lease Name	, ,	State, Federal or Fee USA
Florance	4A Blanco Fruit	land 3F 081098A
Location C 108	Nort	h Line and 1605 Feet From The West
Line of Section 10	ownship 30N	Range 9W NMPM San Juan County
III. DESIGNATION OF TRANSPORTER (Name of Authorized Transporter of Oil or Condensate Giant Refinery Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas If well produces oil or liquids, give location of tanks.	or Dry Gas 15 Sec. Twp. Rge. 10 30N 9W ease or pool, give commingling order number_	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499 Is gas actually connected? Yes When Yes 1/23/85
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Owith and that the information given is true and complete with and that the information given is true and complete (Signature) Sr. Regulatory Analys (Title) May 27, 1986	te to the best of my knowledge and belief.	APPROVED 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 walls. 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 filled for each pool in multiply completed wells.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

IV. COMPLETION DATA

Testing Method (pilot, back pr.)	(pilot, back pr.) Tubing Presssure (Shuttin)		Casing Pressure (Shut-in)			Choke Size		
)CQ		Bbls. Condensa	10 IAHAH (SI)		Gravity of Cond	avesua	
Actual Prod. Test - MCF/D	Length of Test		esdebago sida	30MM/et		baco to white19		
BAS WELL						- 		
Actual Prod. Dunng Test	.eld8 - liO		Water - Bbls.			Gas - MCF		
Length of Test	Tubing Pressure		Casing Pressure	-		Choke Size		
Date First New Oil Run To Tanks	Date of Test			d (Flow, pump, gas	: ift, etc.			
V. TEST DATA AND REQUEST	FOR ALLOWABLE OIL	773/	ot est must be afte of pe for in	er recovery of total	o bsol to əmulov	il and must be equ	ot b oo oxe to ot le	eint not eldewolle q
HOLE SIZE	CASING & TU	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
	IIBUT	, CASING, AN	СЕМЕЙТІЙ	С ВЕСОВ				
SHORENIA						Depth Casing S	э оү:	
Perlorations			_		 -			
Elevations (DF, RKB, RT, GR, etc.)	KB, RT. GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Date Spudded	Date Compl. Ready to Prod.		Total Depth			.d.T.8.9		- ·
Designate Type of Completion	li⊎W iiO (X) — r	Gas Well	i Wew Well	Workover	Deebeu	Plug Back	Same Res'v.	vi.aes.iv
V. COMPLETION DATA								