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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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-11  
Effective 1-1-85

I.

Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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"/>
Dual completion to Fruitland Coal	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 6A	Pool Name, Including Formation Undes. Fruitland Coal	Kind of Lease USA	Lease No. 080005
Location Unit Letter <u>0</u> ; <u>1057</u> Feet From The <u>south</u> Line and <u>1450</u> Feet From The <u>east</u>				
Line of Section <u>23</u> Township <u>30N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
Gary Energy Corporation	4 Inverness Ct. East, Englewood, CO 80112-5591
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit <u>0</u> Sec. <u>23</u> Twp. <u>30N</u> Rge. <u>9W</u> Is gas actually connected? <u>No</u> When <u>ASAP</u>

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.
		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
Date Spudded 10/16/76	Date Compl. Ready to Prod. 12/20/84	Total Depth 5049' KB	P.B.T.D. 5010' KB					
Elevations (DF, RKB, RT, GR, etc.) 5870' GL	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2432' KB	Tubing Depth 2614' KB					
Perforations 2 JSPF, 68' 136 holes, 2432-35, 2437-48, 2450-52, 2463-83, 2501-08, 2538-40, 2563-72, 2591-2602, 2627-30		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8" csg	214' KB	225sx					
8-3/4"	7" csg	2840' KB	565sx					
6-1/4"	4-1/2" liner csg	2663'-5049' KB	200sx					
--	1-1/4" tbg	2614' KB	--					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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
		JAN 08 1985	

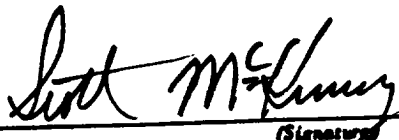
OIL CON. DIV.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
1293	3 hrs	DIST. 3	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
back pressure	530	530	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.



Sr. Regulatory Analyst

01/02/85

(Date)

OIL CONSERVATION COMMISSION  
1-23-85  
APPROVED  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 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 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 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.