	CISTRIBUTION SANTA FE /		CONSERVATION COMMISSION	Ford C-104 Supersedes Old C-104 and C-1		
	U.S.G.3. LAND OFFICE IRANSPORTER OIL 7 GAS /	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATUR	AL GAS		
1.	OPERATOR 2 PRORATION OFFICE Operator					
	Tenneco Oil Co	ompany				
		Suite 1200 Denver, Colo	rado 80295			
	Reason(s) for filing (Check proper bo.	x)	Other (Please explain))		
	Recompletion	Change in Transporter of: Oil Dry G	Sas	•		
	Change in Ownership	Castinghead Gas Conde	enzate			
	If change of ownership give name and address of previous owner					
	DESCRIPTION OF WELL AND	IFASE				
	Lease Name State Com	Well No. Pool Name, Including I	· · · · · · · · · · · · · · · · · · ·	L.6039 140.		
	Location			oderal or Fee Fee B-11303		
	Unit Letter E : 14	60 Feet From The North Li	ne and 830 Feet F	From The West		
	Line of Section 32 To	waship 30N Range	9W , _{имрм} ,	San Juan County		
II.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AC			
	Name of Authorized Transporter of Ot		Address (Give address to which a	approved copy of this form is to be sent)		
l	Plateau, Inc. Name of Authorized Transporter of Ca	singhead Gas or Dry Gas (x)	P.U. BOX 108, Far	mington, N.M. 87413 approved copy of this form is to be sent)		
	Southern Union Gat	hering Company	P.O. Box 398, Blo	pomfield, New Mexico 87413		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. E 32 30N 9W	ls gas actually connected?	When Near Future		
		th that from any other lease or pool,		- 		
v. 	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	3/5/77	4/4/77	5085'	5011		
	Elevations (DF, RKB, RT, GR, etc.) 5834 GL	Name of Producing Formation Blanco Mesa Verde	Top O!1/Gas Pay 4054	Tubing Depth		
	Perforations			Depth Casing Shoe		
	20 holes from 4923'-4340'; 18 holes from 4289'-4957' TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
}	12-1/4" 8-3/4"	9-5/8" Casing 7" Casing	217'	225 Sacks		
ł	6-1/8"	4-1/2" Casing Lnr	2783'-5078'	500 Sacks 250 Sacks		
ľ		2-3/8" Tubing				
7.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load epth or be for full 24 hours)	d oil and must be equal to or exceed top allow-		
Ī	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
ŀ	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
-	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.			
	Actual Prod. During 1991	OIT-BBIB.	adter - Dois.	Gas-MCF		
	GAS WELL					
Γ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
-	9024 AOF Testing Method (pitot, back pr.)	3 Hours Tubura (shut-in)	-0- Casing Pressure (Shut-in)	-0- Choke Size		
	Back Pressure	554	695	3/4"		
ı. (CERTIFICATE OF COMPLIANCE	CE	OIL CONSER	RVATION COMMISSION		
,	hasahu castifu that the sular and s	agulations of the Oil Consequation	APPROVED	, 19		
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.			By Original Signed by A. P. Mendrick			
			TITLE SOLUTION 17			
	20 00 m		This form is to be filed in compliance with RULE 1104.			
Division Production Manager (Title) 5-16-17 (Date)			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 NULE 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			