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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PADRATION 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-
Effective 1-1-83

1. Operator TENNECO OIL COMPANY
Address BOX 3249, ENGLEWOOD, CO 80155
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casingshed Gas ☐ Condensate ☒

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Florance</u>	Well No. <u>10A</u>	Pool Name, including Formation <u>Blanco MV</u>	Kind of Lease State (Federal) or Fee <u>SF077833</u>	Lease No.
Location Unit Letter <u>I</u> : <u>1460</u> Feet From The <u>South</u> Line and <u>1100</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>30N</u> Range <u>9W</u> , N.M.P.M. <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>GIANT REFINING CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 256, FARMINGTON, NM 87401</u>					
Name of Authorized Transporter of Casingshed Gas ☐ or Dry Gas ☒ <u>Southern Union Gathering</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1899 Bloomfield, NM 87413</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>30</u>	Twp. <u>30N</u>	Range <u>9W</u>	Is gas actually connected? <u>YES</u>	When

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 Fresh	Dill. Rest
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (DF, RKE, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
WOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top side
able for this depth or be for full 24 hours)

Date First New Oil Put To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Chase 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 (push, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Chase Size

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.

Renee Wilson
(Signature)

PRODUCTION ANALYST

AUGUST 1, 1982

(Title)

(Date)

OIL CONSERVATION COMMISSION

AUG 16 1982

APPROVED _____, 19 _____

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 deepen well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.