DISTRIBUTION		
ANTA FE		
FILE		
J.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
I. 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-1.
Effective 1-1-65

30-045-24154

Operator
Tenneco Oil Company

Address
720 S. Colo. Blvd., Denver, CO 80222

Reason(s) for filing *(Check proper box)*

New Well	XX	Change In Transporter of:	
Recompletion	☐	Oil ☐	Dry Gas ☐
Change in Ownership ☐		Casinghead Gas ☐	Condensate ☐

Other *(Please explain)*

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

II. DESCRIPTION OF WELL AND LEASE
*SF081098

Lease Name	Well No.	~~Pool Name~~ Blanco	Kind of Lease	Lease No.
Florance	122	~~Basin Dakota/Pictured Cliffs~~	State, Federal or Fee FED	**

Location

Unit Letter ___E___ ; ___1600___ Feet From The ___North___ Line and ___970___ 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 ☐ or Condensate XX	Address *(Give address to which approved copy of this form is to be sent)*
Giant Refining	Box 256, Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas XXX	Address *(Give address to which approved copy of this form is to be sent)*
Northwest Pipeline	Box 990, Farmington, N.M. 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	10	30N	9W	no	ASAP

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.
		X X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2/23/80	4/15/80	7615	7601

Elevations *(DF, RKB, RT, GR, etc.,)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6168'GR	Dakota	7338'	7300'

Perforations	Depth Casing Shoe
7338-7558	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	209	150
8 3/4"	7"	3595	690
6 1/2"	4 1/2" (liner)	7615	500
	2 3/8" (tbg)		

V. TEST DATA AND REQUEST FOR ALLOWABLE
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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
AOF-845	3 hrs		
Testing Method *(pitot, back pr.)*	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	1425	0	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.

_____
(Signature)

Administrative Supervisor
(Title)

5/2/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED ___SEP 8 1980___ , 19 _____

Original Signed by FRANK T. CHAVEZ

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 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 multiple