

DISTRIBUTION			
SANTA FE			
FILE			
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-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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Blanco PC

*SF-081098

Lease Name Florance	Well No. 122	Kind of Lease State, Federal or Fee FED	Lease No. **
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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, N.M. 87401	
If well produces oil or liquids, give location of tanks.	Unit E 10	Sec. 30N
	Twp. 9W	Rge. no
	Is gas actually connected?	When 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					
Date Spudded 2/23/80	Date Compl. Ready to Prod. 3/2/80		Total Depth 7615		P.B.T.D. 7601			
Elevations (DF, RKB, RT, CR, etc.) 6168' GL	Name of Producing Formation Pictured Cliff		Top Oil/Gas Pay 2962		Tubing Depth 2900			
Perforations 2962-2994					Depth Casing Shoe			
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 1/4"	4 1/2" (liner)		7615		500			
	1 1/4" (tbq)		2900					

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 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

GAS WELL

Actual Prod. Test-MCF/D AOF=740	Length of Test 3 hrs	Bbls. Condensate/MMCF	Choke Size
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1250	Casing Pressure (Shut-in) 1250	Choke Size 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.

Carley Station
(Signature)
Administrative Supervisor
(Title)
5/2/80
(Date)

OIL CONSERVATION COMMISSION

SEP 8 1980

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #

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