									1			
	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE		+	$\dashv$	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND							
				$\neg$								
			1									
			† †	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA					S NATURAL CAS	-		
					ACTIONIZATION TO TRANSPORT OIL AND NATURAL GAS							
	TRANSPORTER	OIL								•		
		GAS										
	OPERATOR	<u> </u>		$\neg$								
1.	PRORATION OF	FICE										
	Operator		<del></del>									
	Tenneco_Oil Company											
	Address											
	Box 3249, Englewood, CO 80155											
Reason(s) for filing (Check proper box)								Other (Plea	ase explain)			
	New Well			·	Change in Transporter of:							
	Recompletion				Oil		Dry Gas	7				
	Change in Ownership				Casinghead Gas Condensate							
	If change of owners and address of prev											
	F .				4.00							
I# .	DESCRIPTION O	F WEL	L AN	U LE	Well No. Pool	Name, Includ	ing Formation		Kind of Lease			
	Coldiron Con	· /\			1M Me	saverde,	Blan	6.3	State, Federal or Fe	e N		
	Location	<u> </u>		···	1 In I we	saver de	1226616	CFC				
	Unit Letter	F	. 1	720	Feet From The	North	l ine and	1545	Feet From The	W		
	Onit Cetter					·			rectrom the			
	Line of Section	2		Towns	10N 30N	Range	11W	, NMI	<sub>РМ</sub> , San Jua	an		

m C-104 persedes Old C-104 and C-110 ective 1-1-65

	New Well	Change in Transporter of:													
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder	<del>                                      </del>												
	If sheeps of ownership give some														
	If change of ownership give name and address of previous owner														
11.	DESCRIPTION OF WELL AND	LEASE	-												
	Lease Name	Well No. Pool Name, Including F	<i>i  </i>	50000											
	Coldiron Com A	1M Mesaverde, 13.	Lanco State, Federa	nl or Fee NM-E-7123											
	Unit Letter F : 1720	O Feet From The North Lin	e and 1545 Feet From	The West											
	Line of Section 2 Tov	wnship 30N Range	11W , NMPM, Sa	n Juan County											
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ÍS												
	Name of Authorized Transporter of Oil		Address (Give address to which appro	i											
	Giant Refining Name of Authorized Transporter of Cas	reshead Cas [7]	Box 256, Farmington, NM 87401  Address (Give address to which approved copy of this form is to be sent)												
	El Paso Natural Gas	singhedd Gds [ ] or Dry Gds X	Box 990, Farmington, NM 87401												
		Unit Sec. Twp. Ege.	Is gas actually connected? When												
	If well produces oil or liquids, give location of tanks.	F 2 30N 11W	No	ASAP											
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	,											
IV.	COMPLETION DATA														
	Designate Type of Completion		X	y ray back same feet to brin feet vi											
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.											
	10/22/82	12/7/82	7027' KB	6983' KB											
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth											
	5800' GR	Mesaverde	4636' KB	4303' KB											
		51-55' KB, 4661-65' KB,		Depth Casing Shoe											
	4680-90' KB, 4701-07'	4680-90' KB, 4701-07' KB, 4720-24' KB, 4759-66' KB, 4862-68' KB -  TUBING, CASING, AND CEMENTING RECORD													
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT											
	12-1/4"	9-5/8", 36#	306' KB	502 CF											
	8-3/4"	7", 23#	4538' KB	492 CF											
	6-1/4"	4-1/2", 10.5, 11.6#	7027' KB	367 CF											
		2-3/8"	i4303' KB												
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow-											
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)											
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size											
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF											
1		<u>L</u>	J												
	GAS WELL														
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate											
	3230	3 hrs.													
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size											
į	Back Pressure	910 psi	910 psi	3/4"											
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CONSERVA	ATION COMMISSION											
			APPROVED JAN 5 1983 . 19												
	I hereby certify that the rules and r Commission have been complied w	regulations of the Oil Conservation with and that the information given													
	above is true and complete to the	best of my knowledge and belief.													
	_		TITLE												
			This form is to be filed in compliance with RULE 1104.  If this is a request for sllowable for a newly drilled or deepened this form must be accompanied by a tabulation of the deviation												
	Mooned 11	(loanu)													
	(Signa	ature)													
	Production Analyst		tests taken on the well in accordance with RULE 181.  All sections of this form must be filled out completely for allow-												
	(Tii	tle)	able on new and recompleted wells.												
	December 20, 1982		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												
	(Da	2(e)													
			Il semplated melle												