

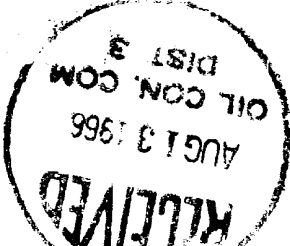
July 1, 1966

Company: ~~Florance & Florance~~
Well: Jicarilla Florance 'D' 2
Location: Section 6-23N-4W
Rio Arriba County, New Mexico

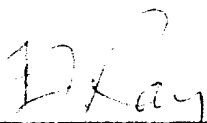
SUBJECT: Tabulation of all deviation tests run:

DEVIATION TESTS

Feet	Degrees
490	1/4
895	1/4
1296	1/4
1779	1/2
2127	1/2
2625	3/4



I hereby swear (or affirm) that the statments made are a full and correct report.


F. J. Ray, President

STATE OF NEW MEXICO)
COUNTY OF SAN JUAN)

The foregoing instrument, was acknowledged before me this 18th day of July, 1966, by F. J. Ray, President of Rayco Drilling Company.

Witness my hand and official seal.

My Commission Expires:

My Commission expires September 11, 1967


Notary Public

1944

1944

1944

1944

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TRANSPORTER	OIL	
	GAS	1
OPERATOR		2
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-110
Effective 1-1-65

I. Operator J. E. Florence & Florence
Address Box 1078 Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ 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

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla Florence 'D'	2	Ballard Pictured Cliff	State, Federal or Fee Federal	362
Location				
Unit Letter <u>C</u>	<u>790'</u>	Feet From The <u>North</u>	Line and <u>1298'</u>	Feet From The <u>West</u>
Line of Section <u>6</u>	Township <u>23N</u>	Range <u>4W</u>	, NMPM, <u>Rio Arriba</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 1492 El Paso, Texas
If well produces oil or liquids, give location of tanks. No tanks	Unit Sec. Twp. Rge. Is gas actually connected? When
	No 90 day aft. completion

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						
Date Spudded May 14, 1966	Date Compl. Ready to Prod. May 31, 1966	Total Depth 2625'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6892.0 GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2484' - 2510'	Tubing Depth 2619'					
Perforations Two shots per foot from 2484' to 2510'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9-7/8"	7-5/8"	85'	60 sx					
6-3/4"	2-7/8"	2619' R KB	100 sx					

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

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JUL 14 1966
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
786 AOF	3 hrs.	---	---
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
1 point BP		699 psig	500

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.

E. Patterson
(Signature)

Agent
(Title)

July 8, 1966
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 13 1966, 19
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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 multiply completed wells.