

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS 1
OPERATOR	1
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
Petroleum Associates, Inc.
Address
520 Commercial Bank Bldg., Midland, Texas
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 Florance D	Well No. 5	Pool Name, Including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee Indian	Lease No. 362
Location Unit Letter L ; 1650' Feet From The South Line and 990' Feet From The West Line of Section 5 Township 23N Range 4W , NMPM, Rio Arriba 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79999	
If well produces oil or liquids, give location of tanks. No tanks	Unit No	Sec. No
Twp. No		Rge. No
Is gas actually connected?		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 Res'ty.	Diff. Res'ty.
		X	X					
Date Spudded 10/14/66	Date Compl. Ready to Prod. 10/31/66	Total Depth 2697'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6996.0 GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2606 - 2618	Tubing Depth 2600					
Perforations 2606 2618 2 shots per foot			Depth Casing Shoe None					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9-7/8"	7-5/8"	101'	60 sacks					
6-3/4"	4-1/2"	2695'	100 sacks					
	1-1/4" tubing	2600'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total production of well and must be equal to or exceed top allowable for this depth or be for full 24 hour)

Date First New Oil Run To Tanks None	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 642 AOF	Length of Test 3 hr	Bbls. Condensate/MMCF --	Gravity of Condensate
Testing Method (pitot, back pr.) 1 point B.P. test	Tubing Pressure (shut-in) 710 psig	Casing Pressure (shut-in) 710 psig	Choke Size .375

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.

OIL CONSERVATION COMMISSION

APPROVED **DEC 30 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.

Agent

December 14, 1966

(Date)