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**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**

Operator **FLUID POWER PUMP COMPANY**

Address **900 Bank of New Mexico Building, Albuquerque, New Mexico 87101**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>Change in name of Operator from Don C. Wiley and Fluid Power Pump Company to Fluid Power Pump Company only</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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**

Lease Name <b>Federal Media</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Media Entrada</b>	Kind of Lease <b>Federal</b> State, Federal or Fee	Lease No. <b>NM 058122</b>
Location Unit Letter <b>P</b> ; <b>940</b> Feet From The <b>South</b> Line and <b>330</b> Feet From The <b>East</b> Line of Section <b>15</b> Township <b>19 North</b> Range <b>3 West</b> , NMPM, <b>Sandoval</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Farmington, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <b>M</b> Sec. <b>14</b> Twp. <b>19N</b> Rge. <b>3W</b> Is gas actually connected? <b>No gas</b> 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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be at least 10% above 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 <b>DEC 27 1971</b>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF <b>OIL CON. COM. DIST. 3</b>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**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]*  
**Consulting Geologist**  
(Title)  
**November 1, 1971**  
(Date)

**OIL CONSERVATION COMMISSION**  
**DEC 27 1971**

APPROVED \_\_\_\_\_, 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.

