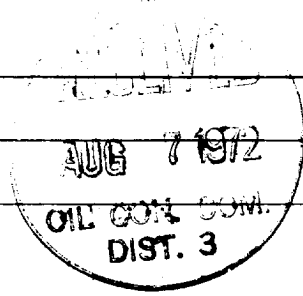


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| TRANSPORTER | OIL | 1 |
| | GAS | |
| OPERATOR | | 2 |
| PRORATION OFFICE | | |

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

B.K.



1. Operator
FLUID POWER PUMP COMPANY
Address
900 Bank of New Mexico Building, Albuquerque, New Mexico 87101
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 Fluid Power Pump | Well No. 4 | Pool Name, Including Formation Media Entrada | Kind of Lease Federal State, Federal or Fee | Lease No. NM 043286 |
| Location Unit Letter 0 ; 990 Feet From The South Line and 1650 Feet From The East Line of Section 15 Township 19 North Range 3 West , NMPM, Sandoval 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"/> The Permian Corporation | Address (Give address to which approved copy of this form is to be sent) 220-B Petroleum Plaza, Farmington, New Mexico | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None | 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 P | Sec. 15 | Twp. 19N | Rge. 3W | Is gas actually connected? No gas | When |

If this production is commingled with that from any other lease or pool, give commingling order number:

Pending

IV. COMPLETION DATA

| | | | | | | | | |
|---|---|-----------------------------------|--|-----------------------------------|--|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 3-10-72 | Date Compl. Ready to Prod. 7-12-72 | | Total Depth 5380' | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6834' GR, 6846' DF | Name of Producing Formation Entrada | | Top Oil/Gas Pay 5284' | | Tubing Depth 2650' | | | |
| Perforations 5284' - 5290' w/2 per ft | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13-3/4" | 10-3/4" | | 236' | | 140 sx 61 A, circulated | | | |
| 8-3/4" | 7" | | 5380' | | 300 sx 50/50 Posmix and 3% calcium chloride | | | |

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 k 7/12/72 | Date of Test 7/12/72 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs | Tubing Pressure 0# | Casing Pressure 10# | Choke Size 31n |
| Actual Prod. During Test 96 | Oil-Bbls. 24 | Water-Bbls. 72 | Gas-MCF TSTM |

GAS WELL

| | | | |
|--|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D No Gas | 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)

July 31, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 15 1972**, 19

BY **Original Signed by Mary G. 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.