

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

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DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		3
PRORATION OFFICE		

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	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>Fluid Power Pump Co.</b>	<b>5</b>	<b>Media Entrada</b>	<b>Federal</b>	<b>NM 8393A, NM 1696, and NM 0556716 *</b>
Location	Unit Letter	Feet From The	Line and	Feet From The
	<b>C</b>	<b>400</b>	<b>North</b>	<b>1980</b>
				<b>West</b>
Line of Section	Township	Range	NMPM,	County
<b>22</b>	<b>19 North</b>	<b>3 West</b>	<b>Sandoval</b>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>The Permian Corporation</b>	<b>Farmington, New Mexico</b>					
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)					
<b>None</b>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>C</b>	<b>22</b>	<b>19N</b>	<b>3W</b>	<b>No gas</b>	

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
<b>X</b>	<b>X</b>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
<b>4-14-72</b>	<b>6-15-72</b>	<b>5450'</b>				
Elevations (DF, RKB, RT, GR, etc.,)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
<b>6896' GR, 6910' KB</b>	<b>Entrada</b>	<b>5342'</b>	<b>1800'</b>			
Perforations			Depth Casing Shoe			
<b>5346' - 5376'</b>			<b>5436'</b>			
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
<b>13-3/4"</b>	<b>10-3/4"</b>	<b>241'</b>	<b>180 SX C1 A w/3% cc, circulated</b>			
<b>8-3/4"</b>	<b>7"</b>	<b>5436'</b>	<b>350 SX 50/50 Posmix and 100 SX C1 C w/8% gel</b>			

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.)	
<b>6-15-72</b>	<b>6-15-72</b>	<b>Pumping</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24 hrs</b>	<b>0#</b>	<b>10#</b>	<b>2"</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<b>1920</b>	<b>480</b>	<b>1440</b>	<b>TSTM</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.

**V.R. Peery**  
(Signature)  
**Consulting Geologist**  
(Title)  
**June 16, 1972**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 30 1972**, 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.