

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompleting

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompleting, provided this form is filed during calendar month of completion or recompleting. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico February 14, 1958
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

El Paso Natural Gas Company Florance , Well No. 5-C(PM) , in SE 1/4 NE 1/4,
(Company or Operator) (Lease)

H , Sec. 30 , T. 28N , R. 8W , NMPM, So. Blanco P.C. Ext. Pool
Unit Letter

San Juan

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

1735 N., 890 E

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	162'	150
7 5/8"	2466'	250
5 1/2"	2331'	300
5 1/2"	116'	25
2"	4627'	
1 3/4"	2297'	

County San Juan Date Spudded 8-28-57 Date Drilling Completed 11-21-57
Elevation 5971' Total Depth 4771' ~~3000~~ C.O. 4744'

Top Oil/Gas Pay 2262' (Perf.) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2262-2280; 2288-2314

Open Hole None Depth 2480' Depth Casing Shoe 4627'
Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; _____ hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 1529 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Calculated A.C.F.

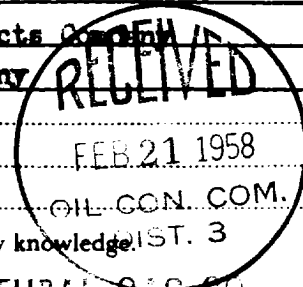
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

33,200 gal. water & 40,000# sand
Casing 825 Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: Baker "EGJ" Pkr. @2351'



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____ FEB 21 1958, 19

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

EL PASO NATURAL GAS CO
(Company or Operator)

By: Original Signed D. C. Johnston
(Signature)

Title Petroleum Engineer
Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

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