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TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		2	
PRORATION OFFICE			
	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  OPERATOR  OPERATOR

SANTA FE /	1 1	NEW MEXICO OF CONSERVATION COMMISSION Form C REQUEST FOR ALLOWABLE Supers			
FILE /		AND Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS		
LAND OFFICE					
TRANSPORTER GAS /					
OPERATOR 2					
I. PRORATION OFFICE					
Operator	Car Carran				
El Paso Natural	Gas Company				
Box 990. Farmin	gton, New Mexico				
Reason(s) for filing (Check proper		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry G				
Change in Ownership	Casinghead Gas Conde	ensate			
If change of ownership give nar					
and address of previous owner,					
II. DESCRIPTION OF WELL A					
Lease Name		ame, Including Formation	Kind of Lease		
Florance C	MM 03549 11 So.	Blanco P. C.	State, Fe <b>k</b> ral or Fee		
70 1	180 Feet From The South Lin	ne and 800 Feet From	The <b>East</b>		
Unit Letter;;	reet from the John Li	ne andFeet From	in The		
Line of Section 30	Township 281 Range	8W , NMPM, San	Juan County		
I. DESIGNATION OF TRANSP  Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	AS Address (Give address to which appr	and care of this form is to be cont.		
			-, , ,		
El Paso Natural Gas Name of Authorized Transporter o		Box 990, Farmington, 1 Address (Give address to which appr			
El Paso Natural Gas	_	Box 990, Farmington,	· ·		
If well produces oil or liquids,	Unit   Sec.   Twp.   Rge.	_ <del></del>	hen		
give location of tanks.	P 30 28N 8W				
	with that from any other lease or pool,	give commingling order number:	·		
V. COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deepen	Plug Back   Same Resty. Diff. Resty.		
Designate Type of Compl	etion = (X)	x			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
6-6-66	6-30-66	2427			
Elevations (DF, RKB, RT, GR, et	, l	Top XX/Gas Pay	Tubing Depth		
6049 GL Perforations	Pictured Cliffs	<u> 2338</u>	Tubingless Completion  Depth Casing Shoe		
2338-50, 2360-72			2427		
2550 yeş 2500 12	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12 1/4"	8 5/8"	136'	105 Sks.		
6 1/4"	2 7/8"	2427'	215 Sks.		
V TEST DATA AND PEOUES	FOR ALLOWABLE (Test must be a	ofter recovery of total volume of load of	l and must be equal to or exceed top allow-		
OIL WELL	able for this de	epth or be for full 24 hours)	AFILA		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	lift, etc.)		
	Tobbe December 1	Casing Pressure	Chove Size		
Length of Test	Tubing Pressure	Cdsing Pressure			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas MCF		
			OIL CON. COM.		
·			DIST. 3		
GAS WELL		<del></del>			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
2821 MCF/D Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
Calculated A.O.F.	_	SI 774			
I. CERTIFICATE OF COMPLI			ATION COMMISSION		
. CERTIFICATE OF COME	ANCE				
I hereby certify that the rules a	nd regulations of the Oil Conservation	APPROVED JUL	1 1 1966 , 19		
Original signed by  Carl E. Matthews  Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Original Signed by  This form is to be above.		BYOriginal Signe	d 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 allo	wable for a newly drilled or deepened		
(Signature) Petroleum Engineer		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
**************************************	(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
July 8, 1966			Fill out only Sections I. II. III. and VI for changes of owner,		
	(Date)	well name or number, or transpor	well name or number, or transporter, or other such change of condition.		
		Separate Forms C-104 must completed wells.	st be filed for each pool in multiply.		
		11			