

NO. OF COPIES RECEIVED	6
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
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

I. Operator  
El Paso Natural Gas Company  
Address  
Box 990, Farmington, New Mexico  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of Oil ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
'66 Aug 15 AM 8 2  
If change of ownership give name and address of previous owner  
CHANGE  
OK

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Florance	Well No.	5	Pool Name, including Formation	Undesignated Pictured Cliff	Kind of Lease	State, Federal or Fee	Lease No.
Location	Unit Letter G, 1640 Feet From The North Line and 1650 Feet From The East							
Line of Section	24	Township	30-N	Range	10-W	, NMPM, San Juan		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	Box 990, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	Box 990, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit G, Sec. 24, Twp. 30-N, Rge. 10-W	Is gas actually connected?	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.
		X	X					
Date Spudded	7-7-66	Date Compl. Ready to Prod.	7-29-66	Total Depth	3037	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	6308' GL	Name of Producing Formation	Pictured Cliffs	Top OH/Gas Pay	2942	Tubing Depth		
Perforations	2942-58', 2970-80'					Tubingless completion		
						Depth Casing Shoe	3037	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	301	175 sks					
6 1/4"	2 7/8"	3037'	240 sks					

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.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1531 MCF/D	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Calculated AOF		SI 1003	3/4"

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)*  
Petroleum Engineer

August 4, 1966

OIL CONSERVATION COMMISSION

APPROVED AUG 10 1966  
BY *(Signature)*  
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.

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.