

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

API 30-045-23169

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 1A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 078116
Location Unit Letter <u>O</u> : <u>1040</u> Feet From The <u>South</u> Line and <u>1820</u> Feet From The <u>East</u>				
Line of Section <u>24</u> Township <u>30-N</u> Range <u>10-W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>24</u>
	Twp. <u>30N</u>	Rge. <u>10W</u>
	Is gas actually connected? <input type="checkbox"/> When	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 1-31-79	Date Compl. Ready to Prod. 2-28-79		Total Depth 5646'		P.B.T.D. 5632'			
Elevations (DF, RKB, RT, GR, etc.) 6320' GL	Name of Producing Formation Mesa Verde		Top Gas Pay 4556'		Tubing Depth 5605'			
Perforations 4556, 4567, 4570, 4586, 4590, 4624, 4632, 4640, 4648, 4661, 4672, 4702, 4737, 4780, 4790, 4848, 4872, 4887, 4910, 4920, 4928, 4973, 5026, 5077, 5104, 5113, 5135, 5152, 5202, 5208, 5215, 5221, 5227, 5234, 5240, 5261, 5267, 5274, 5280, 5287, 5293, 5310, 5320, 5344, *					Depth Casing Shoe 5646'			
HOLE SIZE 13 3/4"	CASING & TUBING SIZE 9 5/8"		DEPTH SET 218'		SACKS CEMENT 260 cf			
8 3/4"	7"		3287'		277 cf			
6 1/4"	4 1/2" liner		3161-5646'		431 cf			
	2 3/8"		5605'		tubing			

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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

*5360, 5420, 5436, 5444, 5500, 5517, 5526, 5536, 5561, 5568, 5590'

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 629	Casing Pressure (Shut-in) 787	Choke Size

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.

D. G. Brisco
(Signature)
Drilling Clerk
(Title)
March 13, 1979
(Date)

OIL CONSERVATION COMMISSION

MAR 20 1979

APPROVED _____, 19_____
BY Original Signed by A. R. Kendrick
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.