

NO. OF COPIES RECEIVED	
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**

Fbrn C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. Operator**  
Florida Exploration Company

**Address**  
3151 S. Vaughn Way, Suite 200, Aurora, Colorado 80014

**Reason(s) for filing (Check proper box)**  
 New Well       Change in Transporter of:  
 Recompletion       Oil       Dry Gas   
 Change in Ownership       Casinghead Gas       Condensate

If change of ownership give name and address of previous owner: N/A      THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. 11-1-84

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Gillian	1	Wolfcamp	State, Federal or Fee Fee	

**Location**  
Unit Letter I; 1650 Feet From The South Line and 330 Feet From The East  
Line of Section 2 Township 15S Range 36E, NMPM, Lea County

**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)
Koch Oil Company	Wilco Bldg., Suite 2205, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	P. O. Box 1150, Midland, TX 79702

If well produces oil or liquids, give location of tanks: Unit I Sec. 2 Twp. 15S Rge. 36E Is gas actually connected? WOPL Connection When

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
<u>X</u>								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7/10/84	8/31/84	11,100	11,046
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
GR 3890'	Wolfcamp	10,810	10,694
Perforations			Depth Casing Shoe
10810'-12', 10817'-21', 10826'-30', 10841'-4', 10860'-76'			11,100

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	418	500 SX
12-1/4	8-5/8	4794	1900 SX
7-7/8	5-1/2	11100	1225 SX

**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.)	
8/28/84	8/30/84 to 8/31/84	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr	145	0	28/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
321 bbls	321 bbls	0	348

**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.

Donald D. Montoye  
(Signature)  
Operations Mgr.  
(Title)  
9/16/84

OIL CONSERVATION COMMISSION  
**SEP 11 1984**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY JERRY SEXTON  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.