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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
D. E. Florance
Address
P. O. Box 1741 Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance - Skelly	Well No. 2	Pool Name, including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee Indian	Lease No. 44
Location Unit Letter G ; 1635' Feet From The North Line and 1850' Feet From The East Line of Section 5 Township 23N Range 4W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> -----	Address (Give address to which approved copy of this form is to be sent)	
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 1492, El Paso, Texas 79999	
If well produces oil or liquids, give location of tanks. No tank	Unit Sec. Twp. Rge.	Is gas actually connected? No When

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

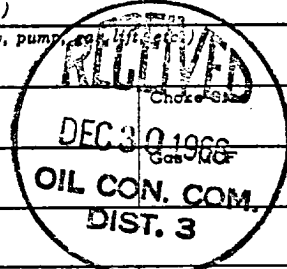
IV. COMPLETION DATA

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 11/14/66	Date Compl. Ready to Prod.		Total Depth 2790'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 7076.0 GR	Name of Producing Formation Ballard Pictured Cliffs		Top Oil/Gas Pay 2703' - 2721'		Tubing Depth 2785'			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8"	7-5/8"		102'		60 sacks			
6-3/4"	4-1/2"		2785'		100 sacks			
	2" tubing		2711'					

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



GAS WELL

Actual Prod. Test-MCF/D 3,171 AOF	Length of Test 3 hr	Bbls. Condensate/MMCF ---	Gravity of Condensate
Testing Method (pilot, back pr.) 1 point B.P test	Tubing Pressure (Shut-in) 731 psig	Casing Pressure (Shut-in) 731 psig	Choke Size .750

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.

Wayne B. Smith FOR F.I. Day
(Signature)
Agent
December 16, 1966 (Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 30 1966, 19____
Original Signed by Emery C. Arnold
BY _____
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.