

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

(Place) _____ (Date) 12/15/1960
12

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

D. E. FLORANCE, OPERATOR (Company or Operator) (Lease) 6Y, Well No. Stromberg, in NE 1/4 NW 1/4,

C Sandoval Sec. 34, T. 23N, R. 3W, NMPM., Ballard Pool

County. Date Spudded 10/1/60 Date Drilling Completed 10/12/60

Please indicate location:

D	C	B	A
1650'	790'		
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 7300 Total Depth 2940 PBTD

Top Oil/Gas Pay 2870 Name of Prod. Form.

PRODUCING INTERVAL - PICTURED CLIFFS

Perforations 2890-2896

Open Hole _____ Depth _____ Casing Shoe 2920 Depth _____ Tubing 2870

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 8946 MCF/Day; Hours flowed _____

Choke Size 3/4 BM Method of Testing: Tubing

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 250 Gals NCA-58. 841 Gals Water - 50,000 lbs Sand

Casing _____ Tubing _____ Date first new _____ Press. _____ Press. _____ oil run to tanks _____

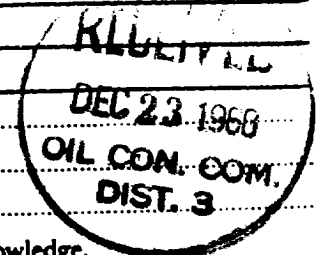
Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	96'	100
4 1/2	2940	100
2"	2870	

Remarks:



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved DEC 23 1960, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: D. E. Florance (Signature)
Title Operator

Send Communications regarding well to:

Name D E FLORANCE

Address Box 645, Albuquerque, N Mex

6-11-42

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
7215 C. DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED <u>4</u>		
DATE <u>6-11-42</u>		
SANTA FE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORT	<input type="checkbox"/>	<input type="checkbox"/>
PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>
OPERATION	<input type="checkbox"/>	<input type="checkbox"/>