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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



Operator J. R. Abraham	
Address 3222 Silver, S.E. Albuquerque, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name PFC	Well No. 1	Pool Name, Including Formation Tapacito, P-C, Sand	Kind of Lease xxx, Federal xxx	Lease No. SF-080566-A
Location South BLANCO				
Unit Letter D	790	Feet From The North	Line and 790	Feet From The West
Line of Section 7	Township 25-N	Range 3-W	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co		
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge. Is gas actually connected? When
		No Soon

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.
Date Spudded 1-12-67	Date Compl. Ready to Prod. 2-27-67	Total Depth 3941	P.B.T.D.					
Elevation (OF, RT, GR, etc.) 7362	Name of Producing Formation P-C, Sand	Top Oil/Gas Pay 3810	Tubing Depth 3786					
Perforations 3832-3850. 3866-3878	Depth Casing Shoe 3940							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
Surface 10-3/4	7-5/8	75	sacks					
Prod 6-3/4	4-1/2	100	sacks					
Tub	2-3/8							

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

GAS WELL			
Actual Prod. Test-MCF/D 5308	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (after back pr.) xxx	Tubing Pressure (shut-in) 83.7	Casing Pressure (shut-in) 837	Choke Size 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.

J. R. Abraham
(Signature)
2-27-1967
(Date)

OIL CONSERVATION COMMISSION
APR 1 1967
APPROVED _____, 19____
BY Original Signed by Emory C. Arnold
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.