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SANTA FE		1	
FILE		1	/
U.S.G.S.		<u> </u>	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	<u> </u>
OPERATOR		2	
PRORATION OFFICE			}

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARLE

Form C-104 Supersedes Old C-104 and C-110

SANTA FE /	REQUES	I FUR ALLOWABLE	Effective 1-1-65
FILE / J	-	AND	216
U.S.G.S.	_ AUTHORIZATION TO TH	RANSPORT OIL AND NATURAL (	5A5
LAND OFFICE	-		
TRANSPORTER OIL	-		
GAS / ·	-		481 20 020 99195
	-	•	API 30-039-22125
PRORATION OFFICE Operator			
·	tion		
Petro-Lewis Corpora	CION		
_	land, Texas 79336		
P.O. Box 937 Level Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well X	Change in Transporter of:		
Recompletion	Oil Dry	Gas	
Change in Ownership	Casinghead Gas Cond	densate	
Change in Change			
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	TEASE		
Lease Name	Well No. Pool Name, Including		
Florance	7A Blanco Mes	averde State, Feder	gler Fee Federal SF-0805
Location			
н 2	2130 Feet From The North	tine and 960 Feet From	The East
Unit Letter;;	reet from the		
Line of Section 4	ownship 25N Range	3W , NMPM, Rio	Arriba County
Line of Section -			
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL (	GAS	
Name of Authorized Transporter of C	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas X	Address (Give address to which appro	oved copy of this form is to be sent)
El Paso Natural Gas		P.O. Box 1492	El Paso, Texas
	Unit Sec. Twp. Rge.		hen
If well produces oil or liquids, give location of tanks.	H 4 25N 3W	Yes	12-27-79
	<u></u>		
	with that from any other lease or poo	ol, give comminging order number:	
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v
Designate Type of Complet	tion – (X)	x	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded		6251'	6185'
9-18-79	12-27-79 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	<b>'</b>	5969'	5900'
7264 GR	Mesaverde		Depth Casing Shoe
Perforations 5969.5',597.	1',5973',5974',5983'	,5990',5996',6004',	1
		22',6030',6037',6039 AND CEMENTING RECORD 6049	LCOFOL
6040',6041',6044',6	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE		510.90.	350
121/4"	8 5/8" OD	6230	1025
7 7/8"	4 <sup>1</sup> <sub>5</sub> " OD		
	2 3/8" OD	3900	
		f	I and must be equal to or exceed ton allow
	FOR ALLOWABLE (Test must be able for this	ne after recovery of total volume of load or a depth or be for full 24 harms	it and mast be equal to be exceeded top dista
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Monocal New Pure as	lift, etc.)
Date First New Oil Run 16 Idnks	Bullo of 1997	MAN CONTRACTOR	•
	Tubing Pressure	Casing R chule	Choke Size
Length of Test	Tubing 1 1000 and	1979	<b>,</b> /
	Oil-Bbls.	Water-Bole. DEC 3 COM.	Gas-MCF
Actual Prod. During Test	011-85.4.	DESCH COM	/
		1011-13	/
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
3247 MCF/D	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	1181	1141	3/4"
Open flow			
I. CERTIFICATE OF COMPLIA	INCE	OIL CONSERV	/ation commission 1980
		11	1900 , 19
I hereby certify that the rules ar	nd regulations of the Oil Conservati	ion APPROVED	
deministration have been complete	d with and that the information giv the best of my knowledge and beli	/en II A - Far 7 . dibe sh	7. CHAVEZ
above is true and complete to	the best of my anomicage and bell	11	
		TITLE DEPUTY CE & CAC	git, Athles, Mol. #1
		<b>{ 1</b>	n compliance with RULE 1104.
George W	Churon		owahia for a nawly drilled or deepen
	ienature)	it as also form must be accom	namind by a (abulation of the detret.
		I tests taken on the well in ac-	COLGENCE AITH MORE
Production Account	ant (Title)	All sections of this form sble on new and recompleted	must be filled out completely for allowells.
I	i · ······/	BOTE OU HEM THE TECOMPTETOR	

(Date)

December 28, 1979

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.

Superate Forms C-104 must be filed for each pool in multiply