

## OIL CONSERVATION DIVISION

P.O. BOX 2088

ARTESIA, NEW MEXICO 87501

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O.C.D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
TRANSPORT OIL AND NATURAL GASOperator  
Florida Exploration Company

Address

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

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Chama Federal Comm	Well No. 1	Pool Name, including Formation McKinnick Hills Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM-53219
Location Unit Letter <u>B</u> : <u>780</u> Feet From The <u>North</u> Line and <u>1350</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>22S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <del>Koch Oil Company</del> <u>UFG Folsom</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2008, #2205, Midland, Texas 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, NM 87125	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>11</u>
	Twp. <u>22S</u>	Rge. <u>24E</u>
	Is gas actually connected? <u>No</u> When <u>8-1-85</u>	

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>8/29/84</u>	Date Compl. Ready to Prod. <u>12/27/84</u>		Total Depth <u>10,750'</u>		P.B.T.D. <u>10,700'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>G. L. 4095'</u>	Name of Producing Formation <u>Morrow</u>		Top Oil/Gas Pay <u>10,282' - 10,520'</u>		Tubing Depth <u>10,146'</u>			
Perforations <u>10,285 - 10,520</u>					Depth Casing Shoe <u>10,750'</u>			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4</u>	<u>8-5/8</u>	<u>1,410</u>	<u>770 SX</u>
<u>7-7/8</u>	<u>4-1/2</u>	<u>10,750</u>	<u>675 SX</u>
	<u>2 3/8</u>	<u>10,146</u>	

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 <u>1237</u>	Length of Test <u>4 hr</u>	Bbls. Condensate/MMCF <u>4.3</u>	Gravity of Condensate <u>62</u>
Testing Method (pilot, back pr.) <u>Flow Test</u>	Tubing Pressure (shut-in) <u>2950</u>	Casing Pressure (shut-in) <u>0</u>	Choke Size <u>22/64</u>

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Operations Manager

(Title)

1/9/85

(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 26 1985, 19\_\_\_\_\_  
BY Original Signed By  
Mike Williams  
TITLE Oil & Gas Inspector

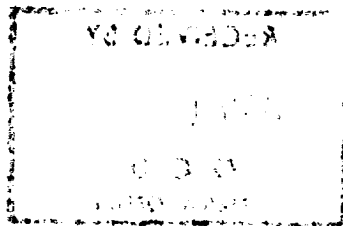
This form is to be filed in compliance with RULE 1104.

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 multiv



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