

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.

Albuquerque, New Mex. 5-8-59
(Place) (Date)

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

M. J. Florance Jic. Apache Well No. 7, in NW 1/4 NE 1/4,
(Company or Operator) (Lease)
Unit Letter Sec. 33 T. 23N R. 3W NMPM, Undesignated Pool
Sandoval County. Date Spudded 4/27/59 Date Drilling Completed 5/1/59

Please indicate location:

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

Elevation Total Depth 3050 PBD
Top Oil/Gas Pay 2967 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2893-97
Open Hole Depth Casing Shoe Depth Tubing

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 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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	90	50
4-1/2	2967	125
2"		

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

Test After Acid or Fracture Treatment: 2M MCF/Day; Hours flowed

Choke Size Method of Testing: Estimate

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): Sand & Water

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

Oil Transporter

Gas Transporter El Paso Natural Gas Co.

Remarks:

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

Approved MAY 14 1959, 19

OIL CONSERVATION COMMISSION

By: [Signature]

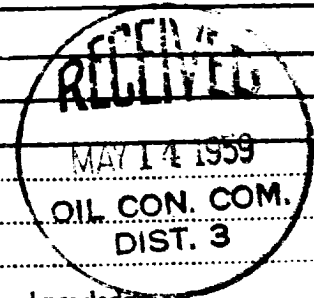
Title: [Signature]

M. J. Florance
(Company or Operator)
By: [Signature]
(Signature)

Title: Attorney in Fact
Send Communications regarding well to:

Name: D. E. Florance

Address: 323 Simms Building, Albuquerque, N. M.



CONFIDENTIAL

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