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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-101 and C-110
 Effective 1-1-65

Operator
El Paso Natural Gas Company

Address
P.O. Box 289, Farmington, New Mexico 87401

Person(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No. Pool Name, Including Formation	Kind of Lease	Lease No.
Florance C	1 (OWWQ) Blanco M.V.	State, Federal or Fee	NM 03549
Location			
Unit Letter A	990 Feet From The North Line and 990 Feet From The East		
Line of Section 19	Township 28-N	Range 8-W , NMPM,	San Juan County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P.O. Box 289, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P.O. Box 289, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	19	28N	8W		

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X	X		X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-19-52	w/o 5-4-79	4866'	4848'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5802' GL	Mesa Verde	3792'	4834'					
Perforations	Depth Casing Shoe							
3792, 3824, 3830, 3836, 3842, 3848, 3888, 3896, 4060, 4070, 4094, 4108, 4120, 4157, 4165, 4178, 4204, 4212, 4225, 4315, 4321, 4351, 4360, 4404, 4420, 4428, 4436, 4444, 4452, 4460, 4474, 4490, 4496, 4502, 4510, 4518, 4532, 4539, 4576, 4590, 4654, 4660, 4682, 4716,*	4866'							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	175'	125 sks					
8 3/4"	7"	3740'	300 sks					
6 1/4"	4 1/2"	4866'	248 cf					
	2 3/8"	4834'	tubing					

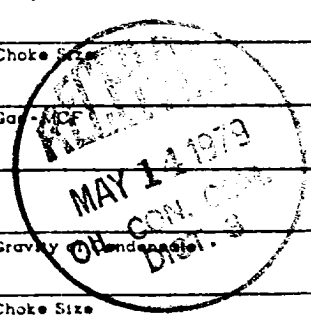
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

*4736, 4742, 4782, 4830, 4844'

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	463	765	



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.

A. G. Drisco
 (Signature)

Drilling Clerk
 (Title)

May 10, 1979
 (Date)

OIL CONSERVATION COMMISSION

MAY 15 1979

APPROVED _____, 19____

BY Original Signed by **A. B. Kendrick**

TITLE **SUPERVISOR DISTRICT # 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.

