NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE /	4	L CONSERVATION COMMISSION ST FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
FILE /	KEGOE	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL GAS	
LAND OFFICE			•
TRANSPORTER GAS /			
OPERATOR 2			
PRORATION OFFICE			
Operator			
El Paso Natural Gas Address	Company		
Box 990, Farmington,			
Reason(s) for filing (Check proper	box)	Other (Please explain)	
New We!l	Change in Transporter of:		
Recompletion		Gas	
Change in Ownership	Casinghead Gas Con	ndensate	
If change of ownership give nam and address of previous owner _			
II. DESCRIPTION OF WELL AN			
Lease Name	Well No. Pool Name, Includin		Lease No.
Florence C	12 Aztec Pic	tured Cliffs State, Federal or	Fee NM 03549
Location	. 01 -		
Unit Letter;;	1840 Feet From The North	Line and 990 Feet From The	West
	a Ov-	_	
Line of Section 19	Township 28N Range		
		8W , NMPM, San Ju	County
			County County
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL	GAS	
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL OIL or Condensate	GAS Address (Give address to which approved	copy of this form is to be sent)
III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of El Paso Natural Gas C	ORTER OF OIL AND NATURAL OIL OR Condensate Company	GAS	copy of this form is to be sent) Mexico - 87401
Name of Authorized Transporter of El Paso Natural Gas C	ORTER OF OIL AND NATURAL OIL or Condensate Copy Cappany Casinghead Gas or Dry Gas	GAS Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent)
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C	ORTER OF OIL AND NATURAL OIL or Condensate Copy Cappany Casinghead Gas or Dry Gas	GAS Address (Give address to which approved Box 990. Farmington. New	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent)
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of	ORTER OF OIL AND NATURAL OIL or Condensate Company Casinghead Gas or Dry Gas Company Unit Sec. Twp. Rge.	GAS Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent)
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks.	ORTER OF OIL AND NATURAL OIL or Condensate Corporaty Casinghead Gas or Dry Gas Corporaty Unit Sec. Twp. Rge. E 19 28 8	GAS Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent)
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks.	ORTER OF OIL AND NATURAL OIL or Condensate Corporaty Casinghead Gas or Dry Gas Casinghead Gas Twp. Rge. E 19 28N 8W with that from any other lease or po	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number:	copy of this form is to be sent) **Mexico = 87401 copy of this form is to be sent) **Mexico = 87401
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled	Casinghead Gas or Dry Gas Casinghead Gas Twp. Rge. Unit Sec. Twp. Rge. 19 28N 8w With that from any other lease or po	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number:	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent)
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Comple Date Spudded	CAPENS Unit Sec. Twp. Rge. E 19 28N 8w with that from any other lease or po Output Output Unit Sec. Twp. Rge. Output With that from any other lease or po Output Out	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number:	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent) Mexico - 87401 lug Back Same Res'v. Diff. Res'v.
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Complete Spudded 5-14-68	Casinghead Gas or Dry Gas Casinghead Gas or Dry Gas Welletion — (X) Date Compil. Ready to Prod. 6-13-68	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number:	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent) Mexico - 87401 lug Back Same Res'v. Diff. Res'v.
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Complete Spudded 5-14-68 Elevations (DF, RKB, RT, GR, etc.)	Casinghead Gas or Dry Gas Casinghead Gas or Dry Gas Welletion — (X) Date Compil. Ready to Prod. 6-13-68 Name of Producing Formation	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number: New Well Workover Deepen P Total Depth P 2199* Top 20/Gas Pay	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent) Mexico - 87401 lug Back Same Res'v. Diff. Res'v.
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Complete Spudded 5-14-68	Casinghead Gas or Dry Gas Casinghead Gas or Dry Gas Welletion — (X) Date Compil. Ready to Prod. 6-13-68	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number: New Well Workover Deepen P Total Depth P 2199' Top 20/Gas Pay 2094	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent) Mexico - 87401 lug Back Same Res'v. Diff. Res'v.
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Complete Spudded 5-14-68 Elevations (DF, RKB, RT, GR, etc.)	Casinghead Gas or Dry Gas Casinghead Gas or Dry Gas Welletion — (X) Date Compil. Ready to Prod. 6-13-68 Name of Producing Formation	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number: New Well Workover Deepen P Total Depth P 2199' Top 20/Gas Pay 2094	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent) Mexico - 87401 lug Back Same Res'v. Diff. Res'v.
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Complete Spudded 5-14-68 Elevations (DF, RKB, RT, GR, etc. 5766' GL	COPENY Casinghead Gas or Dry Gas Casinghead Gas or Dry Gas Capeny Unit Sec. Twp. Rge. E 19 28N 8w with that from any other lease or po Coll Well Gas Well Coll W	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number: New Well Workover Deepen P Total Depth P 2199' Top M/Gas Pay 2094	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent) Mexico - 87401 lug Back Same Res'v. Diff. Res'v.
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Complete Spudded 5-14-68 Elevations (DF, RKB, RT, GR, etc. 5766' GL Perforations	Casinghead Gas or Dry Gas Casinghead Gas Casinghead Gas Casinghead Gas Casinghead Gas Well	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number: New Well Workover Deepen P Total Depth P 2199 Top 20/Gas Pay 2094 DAND CEMENTING RECORD	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent) Mexico - 87401 lug Back Same Res'v. Diff. Res'v. B.T.D. 2189' ubing Depth ubingless Completion epth Casing Shoe
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Complete Spudded 5-14-68 Elevations (DF, RKB, RT, GR, etc. 5766 GL. Perforations HOLE SIZE	CASING & TUBING, CASING, A CASING & TUBING, CASING, A CASING & TUBING SIZE CASING ATURAL OIL AND NATURAL OR OF OIL AND NATURAL OR OF OIL AND NATURAL OR OF OIL AND NATURAL OIL AND NATURAL OR OF OIL AND NATURAL OIL AND	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number: New Well Workover Deepen P Total Depth P 2199' Top W/Gas Pay 2094 TOP M/Gas Pay 2094 DEPTH SET	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent) Mexico - 87401 lug Back Same Res'v. Diff. Res'v. B.T.D. 2189¹ ubing Depth ubingless Completion epth Casing Shoe
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Complet Date Spudded 5-14-68 Elevations (DF, RKB, RT, GR, etc. 5766 GL. Perforations HOLE SIZE 12 1/4*	Casinghead Gas or Dry Gas Casing Casing Gas Well Gas We	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number: New Well Workover Deepen P Total Depth P 2199* Top 2004 Top 2004 DEPTH SET 138*	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent) Mexico - 87401 lug Back Same Res'v. Diff. Res'v. B.T.D. 2189¹ ubing Depth ubingless Completion epth Casing Shoe SACKS CEMENT 95 Sks.
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Complete Spudded 5-14-68 Elevations (DF, RKB, RT, GR, etc. 5766 GL. Perforations HOLE SIZE	CASING & TUBING, CASING, A CASING & TUBING, CASING, A CASING & TUBING SIZE CASING ATURAL OIL AND NATURAL OR OF OIL AND NATURAL OR OF OIL AND NATURAL OR OF OIL AND NATURAL OIL AND NATURAL OR OF OIL AND NATURAL OIL AND	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number: New Well Workover Deepen P Total Depth P 2199' Top W/Gas Pay 2094 TOP M/Gas Pay 2094 DEPTH SET	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent) Mexico - 87401 lug Back Same Res'v. Diff. Res'v. B.T.D. 2189¹ ubing Depth ubingless Completion epth Casing Shoe
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Complet Date Spudded 5-14-68 Elevations (DF, RKB, RT, GR, etc. 5766 GL. Perforations HOLE SIZE 12 1/4*	Casinghead Gas or Dry Gas Casing Casing Gas Well Gas We	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number: New Well Workover Deepen P Total Depth P 2199* Top 2004 Top 2004 DEPTH SET 138*	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent) Mexico - 87401 lug Back Same Res'v. Diff. Res'v. B.T.D. 2189¹ ubing Depth ubingless Completion epth Casing Shoe SACKS CEMENT 95 Sks.
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Complete Spudded 5-14-68 Elevations (DF, RKB, RT, GR, etc.) 5766 GL Perforations HOLE SIZE 12 1/4** 6 3/4** V. TEST DATA AND REQUEST	Casinghead Gas or Dry Gas Casinghead Gas Well	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number: New Well Workover Deepen P Total Depth P 2199* Top 2004 Top 2004 DEPTH SET 138*	Mexico - 87401 Copy of this form is to be sent) Mexico - 87401 Nexico - 87401 Ing Back Same Res'v. Diff. Res'v. B.T.D. 2189' Whing Depth Whingless Completion epth Casing Shoe SACKS CEMENT 95 Sks. 160 Sks.
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Complete Spudded 5-14-68 Elevations (DF, RKB, RT, GR, etc.) 5766 GL Perforations HOLE SIZE 12 1/4** 6 3/4**	Casinghead Gas or Dry Gas Casinghead Gas Well	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? New Well Workover Deepen Total Depth 2199 Top 2004 Top 2004 Table 138 2199 e after recovery of total volume of load oil and	copy of this form is to be sent) Mexico - 87401 copy of this form is to be sent) Mexico - 87401 lug Back Same Res'v. Diff. Res'v. B.T.D. 2189' ubing Depth ubingless Completion epth Casing Shoe SACKS CEMENT 95 Sks. 160 Sks.
Name of Authorized Transporter of El Paso Natural Gas C Name of Authorized Transporter of El Paso Natural Gas C If well produces oil or liquids, give location of tanks. If this production is commingled IV. COMPLETION DATA Designate Type of Complet Date Spudded 5-14-68 Elevations (DF, RKB, RT, GR, etc. 5766' GL Perforations HOLE SIZE 12 1/4" 6 3/4" V. TEST DATA AND REQUEST OIL WELL	COPENY Casinghead Gas or Dry Gas Casinghead Gas Well G	Address (Give address to which approved Box 990, Farmington, New Address (Give address to which approved Box 990, Farmington, New Is gas actually connected? When ol, give commingling order number: New Well Workover Deepen P Total Depth P 2199' Top 20/Gas Pay 2094 Top 20/Gas Pay 2094 Table PTH SET 138' 2199' e after recovery of total volume of load oil and depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, e	Mexico - 87401 copy of this form is to be sent) Mexico - 87401 Mexico - 87401 lug Back Same Res'v. Diff. Res'v. B.T.D. 2189' ubing Depth ubingless Completion epth Casing Shoe SACKS CEMENT 95 Sks. 160 Sks.

Oil-Bbls. Water - Bbls. Actual Prod. During Test CON, COM DIST. 3

GAS WELL Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF 1099 3 Hours Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size 3/4" 716 Calculated A.O.F.

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.

Original Signed F. H. WOOD

	Original Signed 1: 11: 11:005
	(Signature)
Petroleum Engin	eer
	(Title)
June 19, 1968	

(Date)

OIL CONSERVATION COMMISSION

JUN 2 1 1968 APPROVED_ Original Signed by Emery C. Arnold SUPERVISOR DIST. TITLE .

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.