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

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

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OIL CON. COM.
DIST. 3

I. Operator

El Paso Natural Gas Company

Address

Box 990, Farmington, New Mexico - 87401

Reason(s) for filing (Check proper box) — Other (Please explain)

New Well: X — Change in Transporter of: Dry Gas ___ Casinghead Gas ___ Condensate ___

Recompletion ___

Change in Ownership ___

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Florance C	**14**	**Aztec Pictured Cliffs**	State, Federal or Fee **X**	**NM 03549**

Location

Unit Letter **O** **950** Feet From The **South** Line and **1700** Feet From The **East**

Line of Section **19** Township **28N** Range **8W** NMPM **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate **X** — Address to which approved copy of this form is to be sent

El Paso Natural Gas Company — **Box 990, Farmington, New Mexico**

Name of Authorized Transporter of Casinghead Gas or Dry Gas **X** — Address to which approved copy of this form is to be sent

El Paso Natural Gas Company — **Box 990, Farmington, New Mexico**

If well produces oil or liquefied petroleum gases, give location of tanks. Unit **O** Sec. **19** Twp. **28N** Rge. **8W** Is gas actually connected? When

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

IV. 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					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-7-69	**4-30-69**	**2295**	**2284'**

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5877' GL	**Pictured Cliffs**	**2190**	**Tubingless Completion**

Perforations: **2190-95, 2221-33'** — Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	**8 5/8"**	**135'**	**95 Sks.**
6 3/4"	**2 7/8"**	**2290'**	**160 Sks.**

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1662	**3 Hours**		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Calculated A.O.F.		**835**	**3/4"**

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

Name

Petroleum Engineer

Title

May 5, 1969

Date

OIL CONSERVATION COMMISSION

APPROVED **MAY 12, 1969**

BY **Original Signed by Emery C. Arnold**
SUPERVISOR DIST. #3

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