

OIL CONSERVATION DIVISION

P. O. BOX 2086

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
PHIL	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

3. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Florance C	6A	Blanco Mesa Verde	State/Federal/Free NM	03549
Location				
Unit Letter	C	820 Feet From The North Line and 1600 Feet From The West		
Line of Section	30	Township 28-N Range 8-W	NMPM, San Juan	County

7. 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, NM 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, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	C	30
	28-N	8-W

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

8. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same item's	Diff. Rec'y.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11-24-81	12-15-81		4810'		4791'			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Gas Pay		Tubing Depth			
5823' GL	Mesa Verde		4265'		4700'			
4265, 4270, 4306, 4350, 4370, 4384, 4389, 4394, 4404, 4408, 4416, 4420, 4424, 4432, 4436, 4453, 4458, 4482, 4488, 4494, 4528, 4562, 4614, 4642, 4694, 4726' W/1 SPZ.					Depth Casing Shoe			
					4810'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		204'		224 cf.			
8 3/4"	7"		2384'		418 cf.			
6 1/4"	4 1/2"		2228-4808'		418 cf.			
	2 3/8"		4700'					

9. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1295			
Testing Method (flow, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size
	710	760	

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.

Drilling Clerk

(Title)

December 17, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 6 1982, 10

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 5

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.