

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

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

I. Operator
El Paso Natural Gas Company
Address
P. O. Box 990, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance B	Well No. 1A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. SF078116-A
Location Unit Letter <u>E</u> ; <u>1460</u> Feet From The <u>N</u> Line and <u>940</u> Feet From The <u>W</u> Line of Section <u>20</u> Township <u>30N</u> Range <u>9W</u> , NMPM, San Juan County				

III. 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 990, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	E 20 30N 9W

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.	Diff. Res.
		X	X					
Date Spudded 04-18-75	Date Compl. Ready to Prod. 05-21-75	Total Depth 5429'	P.B.T.D. 5412' C.C. DIST. 3'					
Elevations (DF, RKB, RT, GR, etc.) 6132' GL	Name of Producing Formation Mesa Verde	Top X-1/Gas Pay 4438	Tubing Depth 5399'					
Perforations 4438', 4450', 4462', 4495', 4569', 4577', 4628', 4638', 5047', 5061', 5072', 5090', 5103', 5117', 5130', 5142', 5170', 5189', 5253', 5283', 5303', 5326', 5392', 5406'		Depth Casing Shoe 5429'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	218'	284 cu. ft.					
8 3/4"	7"	3182'	373 cu. ft.					
6 1/4"	4 1/2" Liner	3013-5429'	419 cu. ft.					
	2 3/8"	5399'	Tbg					

V. 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 3703	Length of Test 3 hours	Bbls. Condensate/MMCF 12	Gravity of Condensate 450
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 362	Casing Pressure (Shut-in) 665	Choke Size 3/4" Variable

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.

M. G. Brices
(Signature)
Drilling Clerk
(Title)
June 04, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by Emery G. Arnold
TITLE SUPERVISOR

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 multiple