

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-111
Effective 1-1-65

API 30-045-21768

I.

Operator	El Paso Natural Gas Company		
Address	P.O. Box 289, Farmington, New Mexico 87401		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
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 F	1A	Blanco M.V.	State, Federal or Fee	SF080776
Location				
Unit Letter <u>J</u> ; <u>1510</u> Feet From The <u>South</u> Line and <u>1560</u> Feet From The <u>East</u>				
Line of Section <u>25</u> Township <u>30-N</u> Range <u>10-W</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 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.
	J	25	30N	10W
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.			
3-9-79	4-17-79		5304'		5271'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top /Gas Pay		Tubing Depth			
5990' GL	Mesa Verde		4154'		5212'			
Perforations	4154, 4201, 4208, 4215, 4236, 4243, 4250, 4257, 4264, 4271, 4294, 4302, 4324, 4331, 4338, 4345, 4352, 4471, 4487, 4527, 4536, 4550, 4557, 4564, 4571, 4586, 4658, 4689, 4716, 4767, 4775, 4811, 4818, 4831, 4837, 4843, 4849, 4855, 4877, 4883, 4889, 4895, 4901*				Depth Casing Shoe			
					5304'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		218'		295 cf			
8 3/4"	7"		2926'		361 cf			
6 1/4"	4 1/2" liner		2745-5304'		445 cf			
	2 3/8"		5212'		tubing			

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 *4907, 4913, 4919, 4925, 4931, 4953, 4959, 4994, 5006, 5068, 5133, 5176, 5191, 5201

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitots, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	338	732	

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.

N. G. Buico
(Signature)

Drilling Clerk
(Title)

May 15, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 6 1979, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 multiple