

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico February 1, 1959
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

FRANK YOCKEY (Company or Operator) **YOCKEY** (Lease), Well No. 2, in SE $\frac{1}{4}$ NW $\frac{1}{4}$,

P (Unit Letter), Sec. 20, T. 27N, R. 11W, NMPM, W. Kutz P.C. Pool

San Juan County. Date Spudded 27 Nov 58 Date Drilling Completed 1 Dec 58

Please indicate location:

Elevation 6203 Total Depth 1940 PBD

Top Oil/Gas Pay 1882 Name of Prod. Form. P.C.

PRODUCING INTERVAL -

Perforations

Open Hole 1831 to 1864 Depth Casing Shoe 1831 Depth Tubing 1854

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

1450 N 1450 W

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	96	50
5 1/2"	1831	100
1"	1854	-

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 1259 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: CHOKE

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing Tubing Date first new Press. _____ oil run to tanks

Oil Transporter El Paso Natural Gas Company

Gas Transporter _____

Remarks: _____



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: FEB 18 1959, 19____

Frank Yockey
(Company or Operator)

By: _____
(Signature)

OIL CONSERVATION COMMISSION
Original Signed Emery C. Arnold

By: _____
Title Supervisor Dist. # 3

Title: Owner
Send Communications regarding well to:

Name: Frank Yockey

Address: Box 2055 Farmington, N. Mex

OIL CONSERVATION COMMISSION**AZTEC DISTRICT OFFICE**

No. Copies Received

5

DISTRIBUTION

	NO. DISHED	
Operator	2	
Santa Fe	1	
Preparation Office	1	
State Land Office		
U. S. G. S.		
Transporter		
File	1	✓