

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
RECEIVED

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 QUADRUPLICATE 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

May 29, 1961

(Place)

(Date)

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

El Paso Natural Gas Company **Lackey "B"** Well No. **14**, in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

A Sec. **30**, T. **28N**, R. **9W**, NMPM., **Basin Dakota** Pool
Unit Letter

San Juan

County. Date Spudded **4-3-61** Date Drilling Completed **4-21-61**
Elevation **5935** Total Depth **6688** **C.O.** **6660**

Please indicate location:

D	C	B	A
			X
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay **6454' (Perf)** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL - **6454-6460; 6502-6510; 6518-6528; 6546-6552;**
Perforations **6574-6580; 6622-6628; 6642-6648**
Open Hole **None** Depth **6688** Depth **6662**
Casing Shoe Tubing

OIL WELL TEST -

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

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____
Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: **5941** MCF/Day; Hours flowed **3**
Choke Size **3/4"** Method of Testing: **Calculated A.O.F.**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **46,400 gal water & 51,000# sand**

Casing Tubing Date first new
Press. **1972** Press. **1975** oil run to tanks
Oil Transporter **El Paso Natural Gas Products Company**
Gas Transporter **El Paso Natural Gas Company**

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved **MAY 31 1961**, 19____ **El Paso Natural Gas Company**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

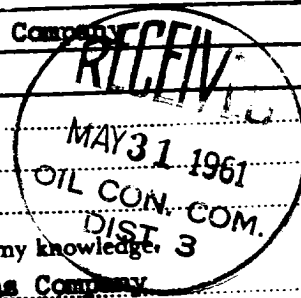
Title Supervisor Dist. # **3**

By: _____ (Signature)

Petroleum Engineer

Title **Send Communications regarding well to:**
E. S. Oberly

Name _____
Address **Box 990, Farmington, New Mexico**



STATE OF NEW YORK	
OIL CONSERVATION DIVISION	
1770 DISTRICT OFFICE	
NUMBER OF COPIES RECEIVED	
DATE RECEIVED	
SUPPLY	
FOR	
BY	
TO	
FROM	
TRANS: OTHER	OIL
FROM: DISTRICT OFFICE	GAS
OPERATOR	