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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		3
PRORATION OFFICE		

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

I. Operator **J. R. Abraham**
Address **3222 Silver. S.E. Albuquerque, New Mexico**
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 Yaffee	Well No. 2	Pool Name, Including Formation Tapacito	Kind of Lease 80 acres xxx Federal or Fee each
Location Unit Letter J ; 1850 Feet From The East Line and 1850 Feet From The South Line of Section 2 , Township 25-N Range 3-W , NMPM, Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 Co		
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? No 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'tv.	Diff. Res'tv.
		X	X					
Date Spudded Sept-13-65	Date Compl. Ready to Prod. Sept-26-65	Total Depth 3865	P.B.T.D.					
Pool Tapacito	Name of Producing Formation Picture Cliff	Top Oil/Gas Pay 3790	Tubing Depth 3770					
Perforations 3805-21			Depth Casing Shoe 3861					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 inch	8-5/8	120	80 sacks					
6-3/4	4-1/2	3849	190 sacks					
	2-3/8 Tby	3770						

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 WELL

Actual Prod. Test - MCF/D 5527 / Hour	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravimetric Condensate
Testing Method (pitot, back pr.)	Tubing Pressure 1053	Casing Pressure 1053	Choke Size 3/4

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.

J. R. Abraham
(Signature)

(Title)

Oct-4-1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 4 1965**, 19
BY **Original Signed Emery C. Arnold**
TITLE **Supervisor 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 Sections I, II, III, and VI only 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.

