

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~XXXXXX~~
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.

Aztec, N. M.

9-18-64

(Place)

(Date)

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

Frank Yockey

Yockey

, Well No. 4, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

K

, Sec. 20

T. 27N

R. 11W

, NMPM, W. Kutz P C

Pool

Unit Letter

San Juan

County. Date Spudded 3-6-59

Date Drilling Completed 3-15-59

Please indicate location:

Elevation 6203 DP Total Depth 1910 FBTD

Top Oil/Gas Pay 1809 Name of Prod. Form. P C

PRODUCING INTERVAL -

Perforations 1809-43

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ 1850 Tubing

OIL WELL TEST -

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

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. Choke Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8	97	50
4 1/2	1878	100
1	1850	

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

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

Choke Size _____ Method of Testing: _____

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

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

Oil Transporter _____

Gas Transporter El Paso Natural Gas Co.

Remarks: Pulled tubing. Cleaned well and re-ran tubing set @ 1850

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

Approved SEP 18 1964, 19____

Frank Yockey

(Company or Operator)

By: B. H. Keyes Oil CON. COM. DIST. 3

(Signature)

Agent

Title _____

Send Communications regarding well to:

Name B. H. Keyes

Address Box 842 Aztec, N. M.

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Title Supervisor Dist. # 3

STATE OF NEW MEXICO		
OIL CONSERVATION DEPARTMENT		
ALBUQUERQUE OFFICE		
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