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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 **Frank Yockey**  
Address **Box 842 Aztec, 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 <b>Ingverson</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Wildcat Gallup</b>	Kind of Lease State, Federal or Fee	Lease No. <b>SF-078909</b>
Location Unit Letter <b>0</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>20</b> Township <b>24N</b> Range <b>2W</b> , NMPM, <b>Rio Arriba</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Rock Island Oil &amp; Refining Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>110 S. Fairview Avenue Farmington, New Mexico</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990 Farmington, New Mexico</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>20</b>	Twp. <b>24N</b>	Rge. <b>2W</b>	Is gas actually connected? <b>No</b>	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.
		<b>X</b>		<b>X</b>		<b>X</b>		
Date Spudded <b>April 1, 1966</b>	Date Compl. Ready to Prod. <b>July 15, 1966</b>	Total Depth <b>8402</b>	P.B.T.D. <b>6700</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>7130 DF</b>	Name of Producing Formation <b>Gallup</b>	Top Oil/Gas Pay <b>6555</b>	Tubing Depth <b>6500</b>					
Perforations <b>6520-6555 SWF 2138 bbls. H2O 50,000 lbs. Sand</b>			Depth Casing Shoe <b>8402</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>8 3/4'</b>	<b>7"</b>	<b>8402</b>	<b>350</b>					
	<b>2"</b>	<b>6500</b>						

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 greater than 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

Actual Prod. Test-MCF/D <b>3,282</b>	Length of Test <b>3 Hours</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure (shut-in) <b>1632</b>	Casing Pressure (shut-in) <b>1632</b>	Choke Size <b>3/4</b>

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.

*[Signature]*  
(Signature)

**Agent**  
(Title)

**11/16/66**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 16 1966**, 19

BY **Original Signed by Emery C. Arnold**

**SUPERVISOR DIST. #3**

TITLE  
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 multiply completed wells.