

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 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 January 30, 1961
(Place) (Date)

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

John A. Egan Jillson, Well No. 1, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
D, Sec. 4, T. 25N, R. 2W, NMPM, Gavilan Ext. Pool
Unit Letter

Please indicate location:

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

County. Date Spudded 11-30-60 Date Drilling Completed 12-12-60
Elevation 7446 D.F. Total Depth 3850 PBD 3845
Top Oil/Gas Pay 3762 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3807-3825
Open Hole _____ Depth _____ Casing Shoe 3845 Depth _____ Tubing 3830

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>99</u>	<u>50</u>
<u>4 1/2</u>	<u>3845</u>	<u>125</u>
<u>1 1/2</u>	<u>3830</u>	

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

Test After Acid or Fracture Treatment: 1000 MCF/Day; Hours flowed 3

Choke Size 5/8 Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 40,000 gals. water, 40,000 lbs. sand.

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

Oil Transporter _____

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 FEB 3 1961, 19 John A. Egan
(Company or Operator)

OIL CONSERVATION COMMISSION

By: John A. Egan
(Signature)

By: Original Signed Emery C. Arnold Title: Operator
Send Communications regarding well to:

Title Supervisor Dist. # 3 Name: John A. Egan

Address: P.O. Box 208
Farmington, N. M.