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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
1 Dorfman Santa Fe, New Mexico
1 El Paso Products
1 File **REQUEST FOR (OIL) - (GAS) ALLOWABLE**

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

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

12-22-61

(Place)

(Date)

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

Dorfman Production Company Nancy Federal

Well No. **2**, in **SW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

0, Sec. **12**, T. **24N**, R. **8W**, NMPM., **Escrito** Pool

Unit Letter

San Juan

County. Date Spudded **11-21-61**

Date Drilling Completed **12-6-61**

Elevation **7202** Total Depth **6148** PBD **6112**

Please indicate location:

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

Top Oil/Gas Pay **6056** Name of Prod. Form. **Callup**

PRODUCING INTERVAL -

Perforations **6056-6070; 6097 - 6104**

Open Hole **None** Depth **6148** Depth **6094**
Casing Shoe 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): **202** bbls. oil, **0** bbls water in **24** hrs, _____ min. Choke Size **20/64**

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: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

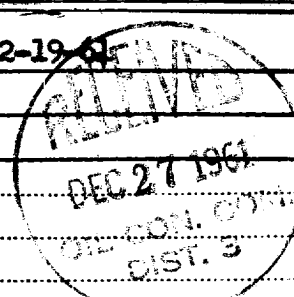
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **250 gal acid; 48,000# 20-40 sd; 54,600 gal oil**

Casing Press. **740** Tubing Press. **320** Date first new oil run to tanks **12-19-61**

Oil Transporter **Basin Pipeline, Inc.**

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 **12-27-61**, 19____

Dorfman Production Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

By: **Original signed by T. A. Dapen**
(Signature)

Engineer

Title _____
Send Communications regarding well to:

Title **PETROLEUM ENGINEER DIST. NO. 3**

Name **Dorfman Production Company**
836 Mercantile Dallas Building
422 Dallas, Texas