

**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**

**1-9-61**

(Place)

(Date)

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

**John A. Egan**

**Alexander**

Well No. **1**, in **SW** **NE** **1/4** **1/4**,

(Company or Operator)

(Lease)

**Q**, Sec. **29**, T. **26N**, R. **2W**, NMPM., **Pinalake Ext** Pool

Unit Letter

**Rio Arriba**

County. Date Spudded **12-12-60**

Date Drilling Completed **12-19-60**

Elevation **7408 KB** Total Depth **3862** PBTD **3856**

Please indicate location:

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

Top Oil/Gas Pay **3770** Name of Prod. Form. **P. C.**

PRODUCING INTERVAL -

Perforations **3772-74, 3786-90, 3808-12, 3824-28**

Open Hole **=** Depth **3854** Depth **3856**  
Casing Shoe **3854** Tubing

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

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

Test After Acid or Fracture Treatment: **3000** MCF/Day; Hours flowed **3**

Choke Size **1 1/2** Method of Testing: \_\_\_\_\_

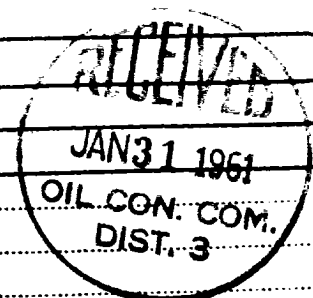
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **40,000 # sand & 40,000 gal water**

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks \_\_\_\_\_

Oil Transporter \_\_\_\_\_

Gas Transporter **E P**

Remarks: \_\_\_\_\_



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

Approved **JAN 31 1961**, 19\_\_\_\_

**John A. Egan**

(Company or Operator)

**OIL CONSERVATION COMMISSION**

By: **Original Signed Emery C. Arnold**

Title Supervisor Dist. **# 3**

By: **John A. Egan**  
(Signature)

Title **Operator**  
Send Communications regarding well to:

Name **John A. Egan**

Address **Box 208, Farmington, New Mexico**

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
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