

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 N.M. April 1, 1959

(Place)

(Date)

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

Frank Yockey

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

(Company or Operator)

(Lease)

P, Sec. **20**, T. **27N**, R. **11W**, NMPM, **W Kutz P.C.** Pool

Unit Letter

San Juan

County. Date Spudded **MARCH 6 59** Date Drilling Completed **March 15, 59**
Elevation **6195** Total Depth **1910** PBTD

Please indicate location:

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

PRODUCING INTERVAL -

Perforations **1809 1818 1823 1843**

Open Hole Depth Casing Shoe Depth 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 _____

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

Test After Acid or Fracture Treatment: **1286** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Choke**

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 Company**

Remarks: _____

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

Approved. **APR 21 1959**, 19

Frank Yockey

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed **Emery C. Arnold**

By: _____

By: **Frank Yockey**

(Signature)

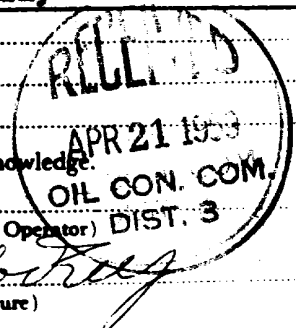
Title **Owner**

Send Communications regarding well to:

Title **Supervisor Dist. # 3**

Name **Frank Yockey**

Address **Box 2055 Farmington, N.M.**



OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received

CONCLUSION

NO.		
1954-1955		
Collector		
Sample		
Transfer		
File		