

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

## 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico February 15, 1954

(Place)

(Date)

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

El Paso Natural Gas Company Lackey, Well No. 2-A, in 1/4 SW 1/4,

(Company or Operator)

(Lease)

L, Sec. 12, T. 29N, R. 10W, NMPM, Blanco Pool

(Unit)

San Juan County. Date Spudded 4-26-52, Date Completed 9-5-52

Please indicate location:

X			

1650'S 790'W

## Casing and Cementing Record

Size Feet Sax

9-5/8	175	125
7	3790	300

Elevation 5773' Total Depth 4590', P.B.

Top oil/gas pay 2773' Prod. Form Mesa Verde

Casing Perforations: None or

Depth to Casing shoe of Prod. String 3790'

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs. Mins.

Gas Well Potential 2,740 MCF per day

Size choke in inches

Date first oil run to tanks or gas to Transmission system:

Transporter taking Oil or Gas: 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 3-1-1954

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

Title

By: ORIGINAL SIGNED E. J. COEL

(Signature)

Title: Petroleum Engineer

Send Communications regarding well to:

Name: E. J. Coel,

Address: Box 997, Farmington, N.M.

OIL CONSERVATION COMMISSION			
AZTEC DISTRICT OFFICE			
No. Copies Received <u>5</u>			
DISTRIBUTION			
		NO. FURNISHED	
Operator		<u>2</u>	
Santa Fe		<u>1</u>	
Proration Office			
State Land Office			
U. S. S.			
Transporter		<u>1</u>	<input checked="" type="checkbox"/>
File			