

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 April 30, 1953
(Place) (Date)

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

El Paso Natural Gas Company Yager Pool Unit, Well No. 1, in 1/4 3/4, (Company or Operator) (Lease)
M, Sec. 31, T. 31N, R. 11E, NMPM, Blanco Pool (Unit)
San Juan County. Date Spudded March 2, 1953, Date Completed March 25, 1953

Please indicate location:

X			

990' 990'

Casing and Cementing Record

Size Feet Sax

9 5/8"	171'	150
7"	4165	300

Elevation 5550'G Total Depth 4852' P.B.

Top oil/gas pay 3255 Prod. Form MV

Casing Perforations: none or

Depth to Casing shoe of Prod. String 4165'

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 710 B.F/D

Size choke in inches

Date first oil run to tanks or gas to Transmission system: 4165' on pipeline

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 5-4, 1953

OIL CONSERVATION COMMISSION

By: Emily C. Arnold
Title Oil and Gas Inspector Dist. #3.

By: (Company or Operator)
(Signature)

Title Petroleum Engineer
Send Communications regarding well to:

Name: J. L. Loel

Address: Box 977 Farmington, New Mexico



OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received 4

DISTRIBUTION

	NO. RECEIVED	
Operator	<u>1</u>	
Santa Fe	<u>1</u>	
Proration Office	<u>1</u>	
State Land Office		
U. S. G. S.		
Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>