

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
(Revised 7/1/52)

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 QUADRUPPLICATE 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.

Artesia, New Mexico

8-22-55

(Place)

(Date)

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

S. P. Yates

Gulf-Angle-State

Well No. 3, in NW 1/4 NE 1/4,

(Company or Operator)

(Lease)

B

(Unit)

11

T

178

R

34E

NMPM,

Vacuum

Pool

Lea

County. Date Spudded

7-30-55

Date Completed 8-20-55

Please indicate location:

		0	

Elevation..... Total Depth..... 4720'..... P.B.....

Top oil/gas pay..... 4695'..... Name of Prod. Form..... San Andrea.....

Casing Perforations:..... or

Depth to Casing shoe of Prod. String..... 4675'.....

Natural Prod. Test..... 68..... BOPD

based on..... 68..... bbls. Oil in..... Hrs..... Mins.

Test after acid or shot..... Well not treated..... BOPD

Based on..... bbls. Oil in..... Hrs..... Mins.

Gas Well Potential.....

Size choke in inches.....

Date first oil run to tanks or gas to Transmission system:..... 8-20-55.....

Transporter taking Oil or Gas:..... Magnolia Pipe Line Co.....

Casing and Cementing Record

Size Feet Sax

8-5/8"	327	135
9-1/2"	4675	250

Remarks:..... Measurements from derrick floor, height of derrick 11 feet.....

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

Approved....., 19.....

OIL CONSERVATION COMMISSION

By:.....

Title..... Engineer District 1.....

S. P. Yates

(Company or Operator)

By:.....

(Signature)

Title..... Office Manager.....

Send Communications regarding well to:

Name..... S. P. Yates.....

Address..... 309 Corner Bldg. ... Artesia, N. Mex.....