

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)  
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
PRORATION OFFICE			
OPERATOR			

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

Artesia, New Mexico, Jan. 8, 1964.  
(Place) (Date)

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

John A. Yates (Company or Operator), Well No. 1, in SE 1/4, SW 1/4, N Sec 31, T. 16 S., R. 27 E., NMPM., Wildcat Pool  
Eddy County. Date Spudded 11-20-63. Date Drilling Completed 12-19-63.

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

330/S 1650/W  
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	210	
10 3/4	1308	425
4 1/2	3310	367

Elevation 3313 GL Total Depth 8530 RBM PBTD

Top Oil/Gas Pay 8357 Name of Prod. Form. Morrow

PRODUCING INTERVAL -

Perforations  
Open Hole 8310 - 8530 Depth Casing Shoe 8310 Depth Tubing 8279

OIL WELL TEST - NO TEST

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_  
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: 2100 MCF/Day; Hours flowed 5 Choke Size 2 1/64

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

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing Tubing Date first new Press. Packer 500 oil run to tanks 1-7-64

Oil Transporter The Permian Corporation

Gas Transporter Southern Union Gas Company

Remarks: This well is shut in, waiting on pipe line.

RECEIVED

JAN 10 1964

O. C. C. ARTESIA OFFICE

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

Approved: JAN 10 1964, 19\_\_\_\_

John A. Yates (Company or Operator)

By: Mola Cards (Signature)

OIL CONSERVATION COMMISSION

Title: Bookkeeper

Send Communications regarding well to:

Name: John A. Yates

Address: 323 Carper Building, Artesia, New Mexico.

By: M. Armstrong  
OIL AND GAS INSPECTOR

NUMBER OF COPIES RECEIVED	5
DISTRIBUTION	
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FILE	
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LAND OFFICE	
TRANSPORTER	
OIL GAS	
PRODUCTION OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>John A. Yates</b>			Lease <b>Jean M.</b>	Well No. <b>1</b>
Unit Letter <b>N</b>	Section <b>31</b>	Township <b>16 S.</b>	Range <b>27 L.</b>	County <b>Eddy</b>

Pool <b>Wildcat</b>	Kind of Lease (State, Fed, Fee) <b>Fee</b>
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If well produces oil or condensate give location of tanks	Unit Letter <b>N</b>	Section <b>31</b>	Township <b>16 S.</b>	Range <b>27 E.</b>
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Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/> <b>The Permian Corporation</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 3119, Midland, Texas.</b>
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Is Gas Actually Connected? Yes \_\_\_\_\_ No X

Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Southern Union Gas Co.,</b>	Date Connected	Address (give address to which approved copy of this form is to be sent) <b>Artesia, New Mexico.</b>
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If gas is not being sold, give reasons and also explain its present disposition:  
**Well is shut in, waiting on pipe line.**

**REASON(S) FOR FILING (please check proper box)**

New Well ..... <input checked="" type="checkbox"/>	Change in Ownership ..... <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil ..... <input type="checkbox"/> Dry Gas ..... <input type="checkbox"/>	
Casing head gas . <input type="checkbox"/> Condensate . <input type="checkbox"/>	

**RECEIVED**  
**JAN 10 1964**  
**O. O. O.**  
**ARTESIA, OFFICE**

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.  
 Executed this the 8th day of January, 19 64.

OIL CONSERVATION COMMISSION		By <i>John Carter</i>
Approved by <i>M. L. Armstrong</i>		Title <b>Bookkeeper</b>
Title <b>OIL AND GAS INSPECTOR</b>		Company <b>John A. Yates</b>
Date <b>JAN 10 1964</b>		Address <b>323 Carper Building, Artesia, New Mexico.</b>