

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

Artesia, New Mexico
(Place)

12-4-58
(Date)

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

S. P. Yates State F Well No. 2 in SE 1/4 NW 1/4
(Company or Operator) (Lease)

F 15 Sec. 15 T. 17S R. 28E NMPM, Red Lake Pool
Unit Letter

Eddy

County. Date Spudded 11-5-58 Date Drilling Completed 12-2-58

Please indicate location:

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

Elevation 3533 Total Depth 2092' PBD 2071'

Top Oil/Gas Pay 1956' Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 1956'-1974', 1984'-1993', 2046'-2052'

Open Hole Depth Casing Shoe 207' Depth Tubing 1950'

OIL WELL TEST -

Natural Prod. Test: not tested bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 84 bbls. oil, 0 bbls water in 24 hrs, min. Size 3/8" Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	536	75
5-1/2"	2071	150

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

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): 800 bbls. lease oil and 30,000# of sand

Casing Tubing Date first new Press. 240# Press. 215 oil run to tanks 12-2-58

Oil Transporter Malco Refineries, Inc.

Gas Transporter

Remarks: All measurements are ground level plus 6.7 feet.

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

Approved: S. P. Yates
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong Title: Office Manager

Title: Send Communications regarding well to:

Name: S. P. Yates

Address: Carper Building, Artesia, N. M.