NŁ MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico RE

(Form C-104)

Revised 7/1/57

New Well

SEP

REQUEST FOR (OIL) - (ALLOWABLE

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 sees 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 September 7, 1961 (Place)
WE ARE	HEREBY	REQUEST	ING AN ALLOWABLE FOR A WELL KNOWN AS:
	Weste	ern-Yate	State 647 , Well No. 173 , in SE 1/4 SE 1/4
	ompany or (Jperator)	(Lease)
Unit L		ec <u>2.6</u>	, T17-S, R28-E, NMPM.,Artesia
E	ddy		County. Date Spudded
Please indicate location:			Elevation 3668'GL Total Depth 2230' PBTD 2228'
			Top Oil/Gas Pay 2191 Name of Prod. Form. Premier
D	CE		PRODUCING INTERVAL -
E	FG		Perforations 2191-96
<u>,</u> C	F G	H	Open Hole None Casing Shoe 2228 Tubing 2183
L	K J		OIL WELL TEST -
"	L J	I	Choke Natural Prod. Test: no test bbls.oil,bbls water inhrs,min. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N O	Р	Choke [14/64] Ch
		x	GAS WELL TEST -
330/5	990	18	NCF/Day; Hours flowedChoke Size
Tubing Ca	<pre>> sing and Ces</pre>	menting Record	rd Method of Testing (pitot, back pressure, etc.):
Size	Feet	Sax	
		1	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
7"	593	75	Choke SizeMethod of Testing:
4 1/2"	2228	75	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): 40,000 lbs. sand using 598 barrels lease crude
2 3/8"	2183		Casing Tubing Date first new Press. 460 Press. 180 oil run to tanks September 5, 1961
	Γ		Oil Transporter Continental Pipeline Company
	<u> </u>		Gas Transporter Phillips Petroleum Corporation
lemarks:	·····	••••	ج
	·····		
I herel	by certify t	hat the info	rmation given above is true and complete to the best of my knowledge.
			1961 19 Western-Yates
• •		- - - - - - - - - - -	(Company or Operator)
OI	L CONSE	RVATION	COMMISSION By: By harcapoll
1.	10	Q	(Signature)
y:((4 Un	INSPECTOR	Sett Title Prod. Supt.
itle	L ARD UAS	10001 200	Send Communications regarding well to:
146			NameWestern-Yates
		1 100 mg	AddressP. Q. Box 427. Artesia. New Mexico

