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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MAR 7 1960 (Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

E. C. C. New Well
ARTESIA, OFFICE 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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico

3-7-60

(Place)

(Date)

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

Hondo-Western-Yates

State 'A', Well No. 4

in SW 1/4 SW 1/4

(Company or Operator)

(Lease)

M

Sec. 32

T 17-S

R 28-E

NMPM, Empire Abo Undesignated

Pool

Unit Letter

Eddy

County Date Spudded 2-16-60

Date Drilling Completed

3-5-60

Please indicate location:

Elevation 3677

Total Depth 6187

PBTD

6141

Top Oil/Gas Pay 5750

Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 6020 - 6030 2/ft.

Open Hole

Depth

Casing Shoe 6187

Depth

Tubing 5737

OIL WELL TEST -

Natural Prod. Test: _____ 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): 275 bbls. oil, 0 bbls water in 13 hrs, 30 min. Size 2 1/2 Choke

GAS WELL TEST -

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

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): 1000 gallons 15% regular acid

Casing Tubing _____ Date first new _____
Press. Packer _____ Press. 440 oil run to tanks 3-6-60

Oil Transporter Service Pipe Line Company

Gas Transporter _____

Remarks:

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

Approved: _____, 19 _____

MAR 7 1960

Hondo-Western-Yates

(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. ArmstrongBy: A. J. Deans

(Signature)

Title Dist. Prod. Supt.

Send Communications regarding well to:

Title _____

Name A. J. Deans

Box 125, Artesia, New Mexico

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
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