Form C able wil month	-104 is to b I be assigne of completi	l be submitte e submitted ed effective 7 on or recom	EQUEST FOR (OIL) - (GAS) ALLOWABLE New Well Recompletion of by the operator before an initial allowable will be assigned to appetimpleted Oil or Gas well. In QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allow- 100 A.M. on date of completion or recompletion, provided this form is filed during calendar spletion. The completion date shall be that date in the case of an oil well when new oil is deliv- nust be reported on 15.025 psia at 60° Fahrenheit.
WF AR	E HERER	Y REQUES	Artesia, New Mexico 12-21-60 (Place) (Date) TING AN ALLOWABLE FOR A WELL KNOWN AS:
¥1	(Company o	illing ( or Operator)	(Lease)
M. Uni	n Lotter	Sec. 35	T. 178 , R. 203 , NMPM., Artesia Pool
•••••••••••	<b>Eddy</b> Please indic	ate location:	Elevation 1674 est. Total Depth 6406 PBTD 2951
D	C	B A	Top Oil/Gas Pay 2852 Name of Prod. Form. San Andres PRODUCING INTERVAL -
E		G H	Perforations 2852 -2868 ·
-			Open HoleDepth Casing Shoe 2951 Depth Tubing 2831
L	K	JI	OIL WELL TEST - Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
M		0 P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
0			load oil used): 72 bbls.oil, 0 bbls water in 24 hrs, min. Size 1/4"
	<b>9</b> 925	YODW	GAS WELL TEST -
Tubing			<pre> Natural Prod. Test:MCF/Day; Hours flowedChoke Size sord Method of Testing (pitot, back pressure, etc.):</pre>
Sire			Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
8 5/	8 72	4 250	Choke SizeMethod of Testing:
4 1/	2 295	1 175	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): 800 gal. & 5000 gal. reg. acid followed by 20,400 g Casing Press: 3500 Tubing Press. 4000 Date first new refined oil & 570000 sand oil run to tanks 12-19-60
			Gil Transporter Continental Pipeline Company
			Gas TransporterGas TransporterGas Transporter
Remarks		enti presa	
Remarks			Gas Transporter
		······	Gas Transporter
Ihe	ereby certify	y that the ir	Gas Transporter formation given above is true and complete to the best of my knowledge. 19
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I he Approve	ereby certify dJA	y that the ir	Gas Transporter formation given above is true and complete to the best of my knowledge. 19
I he Approve	ereby certify dJA	y that the ir	Gas Transporter formation given above is true and complete to the best of my knowledge. 
I he Approve By:,	ereby certify d. OIL CON MLC	y that the ir	Gas Transporter formation given above is true and complete to the best of my knowledge. 19

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LATION OFFICE	2	1 1			E APPROPRIATE OF	FICE C	
mpany or Operator					Lease Sinclair	,	Vell No.
Yates	Drilling	Company			County		
it Letter	Section 35	Township 178	Range	288	Eddy		
ool					Kind of Lease (State, 1		ate
Artes	roduces oil or cor	densate	Unit Letter	Section	Township	Range	281
lf well p	ve location of tan	ks	<u> </u>	31	17 Idress to which approved	-	
	ter of oil X or	ipeline Com	tually Connected	d? Yes	, Artesia, W		
ithorized transpor	ter of casing head	······	Date Con- nected	Address (give a	ddress to which approved	copy of this for	n is to be sent)
	Change in Oil	RESO	e) Gas		nership	🗆	
	Casing	head gas .	lensare				
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					mmission have been c	omplied with.	
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The undersigne	Execu	ted this the <b>21</b>	day of	By Title Company	, 19_60.	avrag RISET	