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OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

AUG 2 1961

New Well
Recompletion
ARTESIA OFFICE

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. August 1, 1961
(Place) (Date)

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

John A. Yates Margaret B. Yates, Well No. 1, in NW 1/4 SW 1/4,
(Company or Operator) (Lease)

L, Sec. 28, T. 16 S., R. 29 E., NMPM., Undesignated Pool
Unit Letter

Eddy County. Date Spudded May 6, 1961 Date Drilling Completed June 3, 1961

Please indicate location:

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

Elevation _____ Total Depth 2550' PBTD 2002'

Top Oil/Gas Pay 1928 Name of Prod. Form. Green

PRODUCING INTERVAL -

Perforations 1923-1932

Open Hole _____ Depth _____ Casing Shoe 2002 Depth Tubing 1910

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): 3 bbls. oil, _____ bbls water in 24 hrs, _____ min. Size 1 1/16 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): 500 Bbls oil, 60,000 pounds sand.

Casing Press. 100 Tubing Press. 10 Date first new oil run to tanks 8-1-61

Oil Transporter The Permian Corporation

Gas Transporter _____

1980-S 660-L
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	350	50
4 1/2	2002	100
2 3/4	1910	

Remarks: _____

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

Approved. AUG 2 1961, 19.

John A. Yates
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: M. L. Armstrong

Title: Bookkeeper

Send Communications regarding well to:

Title: OIL AND GAS INSPECTOR

Name: John A. Yates

Address: 323 Carper Bldg., Artesia, N. Mex.

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

RECEIVED
 (Rev. 7-60)
AUG 2 1961

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

O. C. C.

Company or Operator John A. Yates				Lease Margaret E		ARTESIA OFFICE No. 1	
Unit Letter L	Section 28	Township 16 S	Range 29 E.	County Eddy			
Pool Undesignated				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks		Unit Letter L	Section 28	Township 16 S	Range 29 E.		
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation				Address (give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas.			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> None		Date Connected		Address (give address to which approved copy of this form is to be sent)			

If gas is not being sold, give reasons and also explain its present disposition:

Gas flared and burned

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

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

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **1st** day of **August**, 19 **61**.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By **Mala Barber**

Title

Company

Address

OIL AND GAS INSPECTOR

Bookkeeper

John A. Yates

**323 Carper Building,
 Artesia, New Mexico.**

AUG 2 1961