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SANTA FE	<u>1</u>
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	<u>5</u>

# REQUEST FOR (OIL) - (GAS) ALLOWABLE

**O. C. C.** New Well  
**ARTESIA, BFFIBE** 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**

**May 26, 1964**

(Place)

(Date)

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

**Harvey E. Yates**

**Fulton, Collier State**

, Well No. 1, in. NW 1/4 SW 1/4,

(Company or Operator)

(Lease)

L

Sec. 1

T. 18S

R. 22E

NMPM.,

**Und. Artesia**

Pool

Unit Letter

**Eddy**

County. Date Spudded 4-25-64

Date Drilling Completed 5-10-64

Please indicate location:

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

Elevation \_\_\_\_\_ Total Depth 3810 PBDT \_\_\_\_\_

Top Oil/Gas Pay 3801 Name of Prod. Form. **Lower San Andres**

PRODUCING INTERVAL -

Perforations None

Open Hole Yes Depth 3500 Casing Shoe \_\_\_\_\_ Depth \_\_\_\_\_ Tubing \_\_\_\_\_

OIL WELL TEST -

Natural Prod. Test: 55 bbls. oil, 70 ? bbls water in 24 hrs, \_\_\_\_\_ min. Size None

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

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): \_\_\_\_\_

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_ oil run to tanks 5-15-64

Oil Transporter **McWood Corp.**

Gas Transporter \_\_\_\_\_

Remarks: **Testing well on pump. Producing approx. 55 bbls of oil and estimated water of 70 bbls bleeding into pit through gun barrel.**

**Testing this well for approx. 30 days before running oil string - by Nose Armstrong.**

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

**MAY 27 1964**

**Harvey E. Yates**

Approved \_\_\_\_\_, 19\_\_\_\_

(Company or Operator)

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

(Signature)

**Bookkeeper**

Title \_\_\_\_\_

Send Communications regarding well to:

**Harvey E. Yates**

Name \_\_\_\_\_

Address **305 Carper Bldg., Artesia, N.M.**

By: **M. Armstrong**

**MAY 27 1964**

Title \_\_\_\_\_

**OIL AND GAS INSPECTOR**