

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

New Well
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 November 26, 1957
(Place) (Date)

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

Western - Yates Dunn B Tr. 3, Well No. 23, in NW 1/4 NW 1/4,

(Company or Operator) (Lease)
D, Sec. 10, T. 18 S, R. 28 E, NMPM, Artesia Pool

Eddy

Please indicate location:

D	C	B	A
●			
E	F	G	H
L	K	J	I
M	N	O	P

660' N 660' W

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	533	75
4 1/2	2651	200

County. Date Spudded 9-21-57 Date Drilling Completed 10-23-57
Elevation 3650' DF Total Depth 2651' PBD ---

Top Oil/Gas Pay 2356' Name of Prod. Form. Grayburg-San Andres

PRODUCING INTERVAL - 2356-62', 2410-16', 2422-26'

Perforations 2444-48', 2454-59', 2464-70', 2606-13'

Open Hole None Depth 2651' Casing Shoe 2450'

OIL WELL TEST -

Natural Prod. Test. Not tested oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 52 bbls oil, no bbls water in 24 hrs, min. Choke Size 1"

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): 400 gal. acid, 53,200 gals. oil, 96,000# sand

Casing Press. 450 Tubing Press. 200 Date first new oil run to tanks November 24, 1957

Oil Transporter

Gas Transporter

Remarks:

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

Approved, 19.

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title

Western - Yates

(Company or Operator)

By: P. A. Johnson

(Signature)

Title Dist. Supt.

Send Communications regarding well to:

Name Western - Yates

Address P. O. Box 445, Artesia, N. M.

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Western - Yates Lease Dunn B Tr 3
Well No. 23 Unit Letter D S 10 T 18 S 28 Pool Artesia
County Eddy Kind of Lease (State, Fed. or Patented) Federal
If well produces oil or condensate, give location of tanks: Unit F S 10 T 18 R 28
Authorized Transporter of Oil ~~XXXXXXXXXX~~ Malco Refineries, Inc. (P.L. Division)
Address P. O. Box 125, Artesia, New Mexico
(Give address to which approved copy of this form is to be sent)
Authorized Transporter of Gas None
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 blown to air, no pipe line.

Reasons for Filing: (Please check proper box) New Well ☒
Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()
Change in Ownership () Other ()
Remarks: _____
(Give explanation below)

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

Executed this the 26 day of Nov. 19 57

Approved _____ 19 _____

OIL CONSERVATION COMMISSION

By M. L. Armstrong
Title _____

By P. A. Lanson
Title Dist. Supt.

Company Western - Yates

Address P. O. Box 445
Artesia, New Mexico