

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

SEP 16 1965

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	GAS	1
OPERATOR		2
PRORATION OFFICE		

I. Operator **International-Yates**

Address **P. O. Box 427, Artesia, New Mexico**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) **To correct error in tank location**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dunn B T, 2	Well No. 16	Pool Name, Including Formation San Andres Artesia, Queen-Grayburg	Kind of Lease State, Federal or Fee Federal
Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West			
Line of Section 11 , Township 18S Range 28E , NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Continental Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 18S Rge. 28E
	Is gas actually connected? Yes		When September, 1960

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spud led 10-27-56	Date Compl. Ready to Prod. 12-2-56	Total Depth 2730	P.B.T.D. 2730					
Pool Artesia	Name of Producing Formation Grayburg	Top Oil/Gas Pay 2520	Tubing Depth					
Perforations 2564'-80'	Depth Casing Shoe 2730							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"	550'	55 sks.
8"	4 1/2"	2656'	150 sks.
	2 3/8"	2564'	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12-11-56	Date of Test 12-11-56	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure unknown	Casing Pressure unknown	Choke Size unknown
Actual Prod. During Test 45	Oil-Bbls. 45	Water-Bbls. 0	Gas-MCF unknown

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Harrell E. Brown
(Signature)

District Engineer
(Title)

September 15, 1965
(Date)

OIL CONSERVATION COMMISSION

SEP 16 1965

APPROVED _____, 19

BY **M. L. Armstrong**

TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.