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TRANSPORTER	OIL GAS
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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

DEC 27 1961

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 QUADRUPPLICATE 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. Dec. 27, 1961.
(Place) (Date)

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

S. P. Yates & Martin Yates, III Artesia, Well No. 1, in SE 1/4 SE 1/4,
(Company or Operator) (Lease)

P Sec 19, T 18 S., R 29 E., NMPM, Undesignated Artesia Pool
Unit Letter

Eddy

County. Date Spudded 12-8-61 Date Drilling Completed 12-14-61

Please indicate location:

Elevation 3534 Total Depth 2405 PBD 2400

Top Oil/Gas Pay 2338 Name of Prod. Form. Loco Hills

PRODUCING INTERVAL -

Perforations 2374-2386 2338-2344

Open Hole Depth 2405 Depth Casing Shoe 2300 Tubing

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): 76 bbls. oil, bbls water in 24 hrs, min. Size 1/2 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): 1003 Bbls oil, 100,000# sand, 410 Bbls oil, 9000# sand

Casing Press. 500 Tubing Press. 150 Date first new oil run to tanks Dec. 23, 1961

Oil Transporter The Permian Corporation.

Gas Transporter

Remarks:

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

Approved DEC 27 1961, 19 S. P. Yates & Martin Yates, III
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Nala Gardner
(Signature)

Title Bookkeeper

Send Communications regarding well to:

Name Martin Yates, III

Address 309 Carper Bldg., Artesia, N. Mex.

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

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

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator S. P. Yates and Martin Yates, III				Lease Travis		Well No. 1	
Unit Letter P	Section 19	Township 18 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 P	Section 19	Township 18 S.	Range 29 E.	
Authorized transporter of oil <input checked="" 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"/>			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 checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

RECEIVED

DEC 27 1961

O. C. C.
ARTESIA OFFICE

Remarks

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

Executed this the **27th** day of **December**, 19 **61**.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address

OIL AND GAS INSPECTOR

DEC 28 1961

Nola Carder

Bookkeeper

S. P. Yates and Martin Yates, III

**309 Carper Bldg.,
Artesia, New Mexico.**