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# 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 March 12, 1962  
(Place) (Date)

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

S. P. Yates & Martin Yates, III, Travis, Well No. 2, in 1/4 Sec. 19, T. 18 S., R. 29 E., NMPM, Undesignated, Loco Hills Pool  
(Company or Operator) (Lease)  
Unit Letter

Eddy

County Date Spudded 2-23-62 Date Drilling Completed 2-27-62

Please indicate location:

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

Elevation 3553 Total Depth 2424 PBD 2394

Top Oil/Gas Pay 2344 Name of Prod. Form. Loco Hills

#### PRODUCING INTERVAL -

Perforations 2344 to 2350 2374 to 24 2336

Open Hole Depth Casing Shoe 424 Depth Tubing 100

#### 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 1/4" 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): 1235 Bbls Lease oil, 82000# Sand, 300 gals. acid

Casing Tubing Date first new Press. 300psi Press. 150 oil run to tanks March 10, 1962

Oil Transporter The Permian Corporation, Midland, Texas.

Gas Transporter none

660/s 1930/ft (FOOTAGE)

#### Tubing, Casing and Cementing Record

Size	Feet	Sax
7"	464	100
4 1/2"	2424	100
2 3/8"	2100	

Remarks:

RECEIVE

MAR 19 1962

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

Approved MAR 19 1962, 19

S. P. Yates & Martin Yates, III, Artesia, OFFICE  
(Company or Operator)

By: [Signature] (Signature)

Title: Bookkeeper  
Send Communications regarding well to:

Name: Martin Yates, III

Address: 320 Carper Bldg., Artesia, New Mexico

#### OIL CONSERVATION COMMISSION

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 <b>S. P. Yates and Martin Yates, III</b>				Lease <b>Travis</b>		Well No. <b>2</b>	
Unit Letter <b>C</b>	Section <b>19</b>	Township <b>18 N.</b>	Range <b>29 E.</b>	County <b>Artesia</b>			
Pool <b>Undesignated Loco Mills</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>C</b>	Section <b>19</b>	Township <b>18 N.</b>	Range <b>29 E.</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>The Permian Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>Box 3119 Midland, Texas.</b>			
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 burned**

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

New Well ..... ☒  
 Change in Transporter (check one)  
 Oil ..... ☐ Dry Gas .... ☐  
 Casing head gas . ☐ Condensate . . ☐

Change in Ownership ..... ☐  
 Other (explain below)

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**MAR 19 1962**

**D. 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 18th day of March, 19 62.

**OIL CONSERVATION COMMISSION**

Approved by

Title

**OIL AND GAS INSPECTOR**

Date

**MAR 19 1962**

By

Title

Company

Address

**Bookkeeper**

**S. P. Yates & Martin Yates, III**

**309 Carter Building,  
Artesia, New Mexico.**