

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECEIVED

Form C-104
Revised 7/1/57

AUG 10 1961

New Well

XXXXXX

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, August 7, 1961.
(Place) (Date)

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

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

N Sec. 20, T. 18 S, R. 29 E, NMPM, Undesignated Pool
Unit Letter

Eddy

County. Date Spudded 7-22-61 Date Drilling Completed 7-25-61

Please indicate location:

Elevation 3529 Total Depth 2700 PBD 2670

Top Oil/Gas Pay 2429 Name of Prod. Form. Loco Hills

PRODUCING INTERVAL -

Perforations 2446-2454

Open Hole Depth 2670 Casing Shoe 2670 Tubing 2411

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): 75 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): Fractured with 943 Bbls. Oil & 56,000# Sand

Casing Press. 375 Tubing Press. 100 Date first new oil run to tanks 8-7-61

Oil Transporter The Permian Corporation.

Gas Transporter None

600 S 1980 W
(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

7"	468	125
4 1/2"	2692	175
2 3/8"	2411	

Remarks:

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

Approved AUG 10 1961, 19

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

By: Nala E. Carter
(Signature)

Title Bookkeeper

Send Communications regarding well to:

Name Martin Yates, III

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

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRORATION OFFICE	
OPERATOR	

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

RECEIVED
 (Rev. 7-60)
AUG 10 1961
D.C.C.
ARTESIA, OFFICE

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator S. P. Yates and Martin Yates, III				Lease Western Federal		Well No. 1	
Unit Letter N	Section 20	Township 18 S	Range 29 E.	County Eddy			

Pool Undesignated Lone Hill				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter N	Section 20	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 _____ No **X**

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> None		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 <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"/>	

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.
 Executed this the **7th** day of **August**, 19 **61**.

OIL CONSERVATION COMMISSION		By <i>Nola E. Carter</i>	
Approved by <i>M. L. Armstrong</i>		Title Bookkeeper	
Title OIL AND GAS INSPECTOR		Company S. P. Yates & Martin Yates, III	
Date AUG 10 1961		Address 309 Carper Building, Artesia, New Mexico.	