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NEW MEXICO OIL CONSERVATION COMMISSION
 Santa Fe, New Mexico
REQUEST FOR (OIL) - (GAS) ALLOWANCE

RECEIVED
 (Form C-104)
 Revised 1/1/57
 MAY 3 1961
ARTESIA OFFICE
 Date of Completion

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 5-1-61
 (Place) (Date)

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

Yates Drilling Company 4d, DY, Well No. XX 4, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
 (Company or Operator) (Lease)
H Sec. 28, T. 18 S, R. 29 E, NMPM., Turkey Track Pool
 Unit Later

Eddy

Please indicate location:

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

1650' N - 990' E
 (FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>7"</u>	<u>377</u>	<u>75</u>
<u>4 1/2"</u>	<u>2026</u>	<u>100</u>

County. Date Spudded 4-22-61 Date Drilling Completed 4-30-61
 Elevation 3435 G. L. Total Depth 2026' PBDT 2011'
 Top Oil/Gas Pay 1977' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 1977' to 1989'
 Open Hole Depth Casing Shoe 2026' Depth Tubing 1950'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. 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): 50 bbls. oil, 0 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): _____

Casing Press. 315 Tubing Press. 160 Date first new oil run to tanks 4-30-61

Oil Transporter Continental Oil Co.

Gas Transporter Phillips Petroleum Co.

Remarks:

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

Approved May 1, 19 61
MAY 3 1961

OIL CONSERVATION COMMISSION

By: M. L. Armstrong
 Title OIL AND GAS INSPECTOR

YATES DRILLING COMPANY
 (Company or Operator)
 By: [Signature]
 (Signature)

Title Sec. - Treas.
 Send Communications regarding well to:

Name Yates Drilling Co.

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

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

RECEIVED
FORM C-110
 (Rev. 7-60)
MAY 3 1961

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

D. E. C.
ARTESIA OFFICE
 Well No. **3**

Company or Operator YATES DRILLING COMPANY				Lease FILED BY	Well No. 3
Unit Letter B	Section 28	Township 18 S	Range 29 E	County Eddy	

Pool Turkey Track	Kind of Lease (State, Fed Fee) Federal
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If well produces oil or condensate give location of tanks	Unit Letter A	Section 28	Township 18 S	Range 29 E
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
Continental Oil Co.	Artesia, New Mexico

Is Gas Actually Connected? Yes _____ No _____

Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.		Bartlesville, Oklahoma

If gas is not being sold, give reasons and also explain its present disposition:

not connected

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 2 day of May, 1961.

OIL CONSERVATION COMMISSION		By <i>Hugh W. Barry</i>
Approved by <i>M. L. Armstrong</i>	Title Sec. - Treas.	
Title OIL AND GAS INSPECTOR	Company YATES DRILG. CO.	
Date MAY 3 1961	Address 309 Carper Bldg., Artesia, N.M.	