

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 16, 1964
(Place) (Date)

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

International-Yates Dunn "A" Well No. 4, in S.W. 1/4, NW 1/4,
(Company or Operator) (Lease)

E, Sec. 7, T. 18 S., R. 29 E., NMPM, Loco Hills Pool
Unit Letter

Eddy County. Date Spudded 1-22-64 Date Drilling Completed 2-27-64

Please indicate location:
Sec. 7 T. 18 S. R. 29 E.

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

500' FWL & 1810' FNL

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	452'	75
4 1/2"	2878'	175
2 3/8"	2849'	---

Elevation 3632 GL Total Depth 2878' PBD ---

Top Oil/Gas Pay 2482' Name of Prod. Form. ~~Grayburg-San~~ Andres

PRODUCING INTERVAL -

Perforations 1 jet shot each at 2492, 2494, 2604, 2607, 2610, 2651,
2654, 2657, 2828, 2831, 2834 Depth
Open Hole --- Casing Shoe 2878 Depth
Tubing 2849'

OIL WELL TEST -

Natural Prod. Test: --- bbls. oil, --- bbls. water in --- hrs, --- min. Size ---

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): 74 bbls. oil, 3 load bbls. water in 24 hrs, --- min. Size ---

GAS WELL TEST -

Natural Prod. Test: --- MCF/Day; Hours flowed --- Choke Size ---

Method of Testing (pitot, back pressure, etc.): MAR 18 1964

Test After Acid or Fracture Treatment: --- MCF/Day; Hours flowed ---

Choke Size --- Method of Testing: O. C. C.
ARTESIA, OFFICE

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): 1000 gal. acid, 60,000 lbs. sand, 1255 bbls. fresh water.

Casing Tubing Date first new

Press. --- Press. --- oil run to tanks 3-12-64

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter Valley Gas Corporation

Remarks:

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

Approved MAR 18 1964, 19 International-Yates
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature] Title District Engineer

Title 27 AND GAS INSPECTOR Send Communications regarding well to:

Name P. O. Box 427, Artesia, New Mexico

Address

OIL CONSERVATION COMMISSION
ARTESIA DISTRICT OFFICE

No. Copies Received 8

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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 International - Yates				Lease Dunn "A"		Well No. 4	
Unit Letter E	Section 7	Township 18 S.	Range 29 E.	County Eddy			
Pool Loco Hills				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter G	Section 12	Township 18 S.	Range 28 E.	
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) Midland, Texas			
Texas New Mexico Pipe Line Company							
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected 3-13-64	Address (give address to which approved copy of this form is to be sent) Artesia, New Mexico			
Valley Gas Corporation							

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

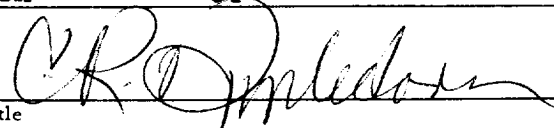
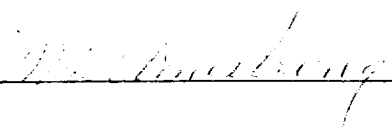
REASON(S) FOR FILING (please check proper box)

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

MAR 18 1964

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 <u>13</u> day of <u>March</u> , 19 <u>64</u> .	
OIL CONSERVATION COMMISSION	By 
Approved by 	Title District Engineer
Title OIL AND GAS INSPECTOR	Company International-Yates
Date MAR 18 1964	Address P. O. Box 427, Artesia, New Mexico