

**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 16, 1964  
(Place) (Date)

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

International-Yates State 647, Well No. 199, in NW 1/4 SE 1/4,  
(Company or Operator) (Lease)  
J Sec. 33, T. 18 S., R. 28 E., NMPM., Artesia Pool  
Unit Letter

Eddy County. Date Spudded 1-20-64 Date Drilling Completed 3-3-64

Please indicate location:

Sec. 33, T. 18 S., R. 28 E. Elevation 3541' Total Depth 2777' PBD ---  
Name of Prod. Form. San Andres

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

PRODUCING INTERVAL -

Perforations 1 jet shot each at 2663, 2665, 2709, 2711, 2713, 2728,  
2731, 2734, 2737, Depth 2777' Depth  
Open Hole --- Casing Shoe 2777' Tubing 2735'

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): 40 bbls. oil, 9 bbls. load in 24 hrs, \_\_\_\_\_ min. Size ---

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 Testings: \_\_\_\_\_

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

sand): 2500 gals. acid

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_

Press. --- Press. --- oil run to tanks 3-14-64

Oil Transporter Continental Pipe Line Company

Gas Transporter Not Connected

1980' FSL & 1980' FEL

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8"</u>	<u>458</u>	<u>75</u>
<u>4 1/2"</u>	<u>2777</u>	<u>175</u>
<u>Tubing</u>	<u>2735</u>	<u>---</u>

Remarks: \_\_\_\_\_

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

Approved MAR 18 1964, 19\_\_\_\_

**OIL CONSERVATION COMMISSION**

By: \_\_\_\_\_

Title OIL AND GAS INSPECTOR

International-Yates  
(Company or Operator)

By: [Signature]  
(Signature)

Title District Engineer

Send Communications regarding well to:

Name International - Yates

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

**RECEIVED**

**MAR 18 1964**

**G. C. C.**  
**ARTESIA, OFFICE**

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
No. Copies Received /		
DISTRIBUTION		
	NO. FURNISHED	
OPERATOR	2	
SANTA FE	1	
PROPRATION OFFICE	1	
STATE LAND OFFICE	1	
U. S. G. S.		
TRANSPORTER		
FILE	1	
BUREAU OF MINES		

NUMBER OF COPIES RECEIVED		8	
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**  
**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>International-Yates</b>				Lease <b>State 647</b>		Well No. <b>199</b>	
Unit Letter <b>J</b>	Section <b>33</b>	Township <b>18 S.</b>	Range <b>28 E.</b>	County <b>Eddy</b>			
Pool <b>Artesia</b>				Kind of Lease (State, Fee, Fee) <b>State</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>G</b>	Section <b>33</b>	Township <b>18 S.</b>	Range <b>28 E.</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Continental Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent) <b>Artesia, New Mexico</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:

**Not enough gas to justify connection previously. Gas connection is now being considered.**

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

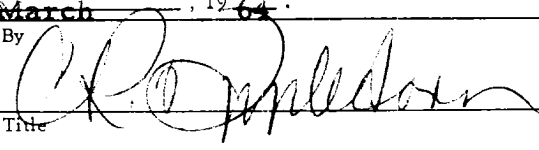
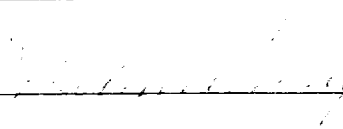
New Well ..... ☒ Change in Ownership ..... ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas .... ☐  
 Casing head gas . ☐ Condensate . . ☐

**RECEIVED**  
**MAR 18 1964**  
**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 16th day of March, 19 64.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title <b>District Engineer</b>	
Title <b>District Engineer</b>	Company <b>International-Yates</b>	
Date <b>MAR 18 1964</b>	Address <b>P. O. Box 427, Artesia, New Mexico</b>	