

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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I. Operator **International-Yates** ✓
Address **P.O. Box 427, Artesia, New Mexico**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **To correct error in tank location**
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Dunn "B"** ✓ Well No. **29** Pool Name, Including Formation **San Andres** Kind of Lease **Federal**
Location **Artesia, Queen Grayburg**
Unit Letter **C** : **1980** Feet From The **N** Line and **1980** Feet From The **E**
Line or Section **11** , Township **18S** Range **28E** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Continental Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)
Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent)
Odessa, Texas
If well produces oil or liquids, give location of tanks. Unit **C** Sec. **11** Twp. **18S** Rge. **28E** Is gas actually connected? **Yes** When **2-16-64**

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spud led **1-27-64** Date Compl. Ready to Prod. **3-13-64** Total Depth **2654'** P.B.T.D. **2654'**
Pool **Artesia** Name of Producing Formation **Grayburg** Top Oil/Gas Pay **2526'** Tubing Depth **2614'**
Perforations **1 each 1/2' jet shot @: 2526', 2528', 2530', 2566', 2568', 2570', 2575'** Depth Casing Shoe **2654'**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE **10" & 8" & 6"** CASING & TUBING SIZE **8 5/8" OD 21.9#** DEPTH SET **408'** SACKS CEMENT **75 sks. reg.**
4 1/2" OD 11.6# **2654'** **175 sks. Incor Poz**
2 3/8" **2614'**

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
Date First New Oil Run To Tanks **3-14-64** Date of Test **3-16-64** Producing Method (Flow, pump, gas lift, etc.) **Pump**
Length of Test **24 Hours** Tubing Pressure **-----** Casing Pressure **-----** Choke Size **-----**
Actual Prod. During Test **31** Oil-Bbls. **57 (load)** Water-Bbls. **-----** Gas-MCF **Unknown**

GAS WELL
Actual Prod. Test-MCF/D **-----** Length of Test **-----** Bbls. Condensate/MMCF **-----** Gravity of Condensate **-----**
Testing Method (pitot, back pr.) **-----** Tubing Pressure **-----** Casing Pressure **-----** Choke Size **-----**

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Harold E. Brown (Signature)
District Engineer (Title)
September 15, 1965 (Date)

OIL CONSERVATION COMMISSION
SEP 16 1965
APPROVED _____, 19____
BY **ML Linstrum**
TITLE **Oil and Gas Inspector**
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.