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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 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Dunn "B" T1 ✓	30	Artesia, Queen, (Grayburg)	State, Federal or Fee Federal
Location			
Unit Letter	K	1980 Feet From The	South Line and 1980 Feet From The West
Line of Section	11	Township	18 S. Range 28 E., NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of 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 Pipe Line Company	Artesia, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Company	Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	C	11	18S. 28E.
Is gas actually connected?	Yes	When	3-12-65

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
2-9-65	3-11-65		2610'		---			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Artesia	Grayburg		2453'		2562'			
Perforations					Depth Casing Shoe			
2453, 2457, 2511, 2515, 2544, 2546, 2548, 2553, 2558				2610'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	10 3/4" OD		282'		None (Pulled)			
10"	8 5/8" OD		437'		75 sx.			
8"	4 1/2" OD		2610'		180 sx.			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-12-65	3-14-65	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	----	-----	-----
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
56 BO	56	16 (Load wtr.)	NR

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.


(Signature)

District Superintendent
(Title)

March 23, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 23 1965, 19
BY M. L. Armstrong
TITLE

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.