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LAND OFFICE	
TRANSPORTER	OIL GAS
PRORATION OFFICE	
OPERATOR	4

NEW 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.....June 26, 64.....
(Place) (Date)

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

.....International-Yates.....Dunn A....., Well No.....5....., in.....NE.....1/4.....NW.....1/4.....
(Company or Operator) (Lease)
.....C....., Sec.....7....., T.....18 S....., R.....26 E....., NMPM., Artesia..... Pool
Unit Letter

Eddy

County. Date Spudded May 17, 1964 Date Drilling Completed June 16, 1964

Please indicate location:

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

Elevation 3601 GL Total Depth 2666' PBDT ----

Top Oil/Gas Pay 2463 Name of Prod. Form. Grayburg

PRODUCING INTERVAL - 2463; 2465; 2482, 2578, 2580, 2584,
Perforations 2614, 2616, 2624

Open Hole ----- Depth ----- Depth -----
Casing Shoe 2666' Tubing 2642'

OIL WELL TEST -

Natural Prod. Test: 17 Gass.oil, -- bbls water in 1 hrs, -- min. Size --- Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 39 bbls.oil, -- bbls water in 24 hrs, -- min. Size --- Choke

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: -----

Choke Size ----- Method of Testing: -----

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 Gas. Acid, 91,000 lbs Sand, 300 Lb. Glass beads

Casing --- Tubing --- Date first new June 25, 1964
Press. --- Press. --- oil run to tanks 1260 bbls fresh water

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Valley Gas Corporation

660' FNL & 1655' FWL
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8" OD</u>	<u>472</u>	<u>75</u>
<u>4 1/2" OD</u>	<u>2666</u>	<u>150</u>
<u>2 3/8" OD</u>	<u>2642</u>	<u>---</u>

Remarks:

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

Approved.....JUN 26 1964....., 19.....

OIL CONSERVATION COMMISSION

By:.....W. A. Gressett.....

Title.....OIL AND GAS INSPECTOR.....

.....International-Yates.....
(Company or Operator)

By:.....C. A. [Signature].....
(Signature)

Title.....District Engineer.....

Send Communications regarding well to:

Name.....International-Yates.....

Address.....Artesia, New Mexico.....

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JUN 26 1964

O. F. C.
ARTESIA, OFFICE

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PROPRATION OFFICE	GAS	1
OPERATOR		3

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. 5	
Unit Letter C	Section 7	Township 18 S	Range 28 E		County Eddy		
Pool Artesia,				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"/> Texas-New Mexico Pipe Line Company				Address (give address to which approved copy of this form is to be sent) Midland, Texas			
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"/> Valley Gas Corporation			Date Connected 6-15-64	Address (give address to which approved copy of this form is to be sent) Artesia, New Mexico			

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"/>	

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JUN 26 1964

ARTESIA, NEW MEXICO

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **26th** day of **June**, 19 **64**.

OIL CONSERVATION COMMISSION

Approved by

By

Title

DISTRICT ENGINEER

Title

OIL AND GAS INSPECTOR

Company

INTERNATIONAL-YATES

Date

JUN 26 1964

Address

ARTESIA, NEW MEXICO