

AMERICAN OIL COP. RECEIVED 5

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRORATION OFFICE	
OPERATOR	2

# NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

O. C. C.

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 QUADRUPPLICATE 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

July 2, 1964

(Place)

(Date)

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

**Yates Petroleum Corp. Marathon State AM**, Well No. **1**, in **SE**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

**P**, Sec. **16**, T. **18S**, R. **26E**, NMPM, **Atoka - Penn** Pool  
Unit Letter

**Eddy**

County. Date Spudded **5-2-64**

Date Drilling Completed **6-26-64**

Please indicate location:

Elevation **3370 KB** Total Depth **9300'** PBDT **None**

Top Oil/Gas Pay **8976'** Name of Prod. Form. **Morrow**

PRODUCING INTERVAL -

Perforations **None**

Open Hole **8962-9300' (1)** Depth Casing Shoe **8950' (2)** Depth Tubing **8840' (2)**

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

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

GAS WELL TEST -

Natural Prod. Test: **6,250** MCF/Day; Hours flowed **2** Choke Size **1 inch**

Method of Testing (pitot, back pressure, etc.): **Back Pressure**

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

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): \_\_\_\_\_

Casing Press. \_\_\_\_\_ Tubing Press. **225** Date first new oil run to tanks **June 30, 1964**

Oil Transporter **Permian Basin Oil Corp.**

Gas Transporter **Transwestern Pipeline Co.**

Remarks: **(1) depth from Kelly bushing (2) depth from ground level**

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

Approved **JUL 8 1964**, 19\_\_\_\_

**Yates Petroleum Corporation**

By: **Richard C. Norman** (Company or Operator)  
**Richard C. Norman** (Signature)

OIL CONSERVATION COMMISSION

By: **ML Armstrong**

Title **OIL AND GAS INSPECTOR**

Title **Geologist**

Send Communications regarding well to:

Name **Hugh W. Parry**

Address **309 Carper Building, Artesia, N.M.**