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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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MAY 16 1966

Operator <b>International-Yates</b>	
Address <b>P. O. Box 427, Artesia, New Mexico</b>	
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 <b>Dunn B</b>	Lease No. <b>(Tract 2)</b>	Well No. <b>302</b>	Pool Name, Including Formation <b>Artesia</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location				
Unit Letter <b>P</b>	<b>660</b>	Feet From The <b>South</b>	Line and <b>660</b>	Feet From The <b>East</b>
Line of Section <b>10</b>	Township <b>18</b>	Range <b>28</b>	, NMPM, <b>Eddy</b> 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)					
<b>Continental Pipe Line</b>	<b>Artesia, New Mexico</b>					
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)					
<b>Phillips Petr. Corp.</b>	<b>Odessa, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>11</b>	Twp. <b>18</b>	Rge. <b>28</b>	Is gas actually connected? <b>Yes</b>	When <b>3-12-65</b>

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 <b>4-20-66</b>	Date Compl. Ready to Prod. <b>4-25-66</b>		Total Depth <b>2605</b>		P.B.T.D. <b>2595</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3619 RT</b>	Name of Producing Formation <b>Grayburg</b>		Top Oil/Gas Pay <b>2530</b>		Tubing Depth <b>2522</b>			
Perforations <b>2530-2533 &amp; 2540-2544</b>					Depth Casing Shoe <b>2605</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11</b>	<b>8 5/8</b>		<b>475</b>		<b>100</b>			
<b>7 7/8</b>	<b>4 1/2</b>		<b>2605</b>		<b>175</b>			

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 <b>5-11-66</b>	Date of Test <b>5-11-66</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>---</b>	Casing Pressure <b>---</b>	Choke Size <b>---</b>
Actual Prod. During Test <b>72</b>	Oil-Bbls. <b>36</b>	Water-Bbls. <b>36</b>	Gas-MCF <b>---</b>

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.

Kenneth Ragsdale  
(Signature)

District Production Foreman  
(Title)

May 13, 1966  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 15 1966, 19\_\_\_\_  
BY M. S. Armstrong  
TITLE Assistant Commissioner

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 only Sections I, II, III, and VI 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.

RECEIVED

INTERNATIONAL-YATES  
P.O. Box 427  
Artesia, New Mexico

MAY 16 1966

H. C. G.  
ARTESIA OFFICE

Deviation Tests

Dunn B Lease, Well No. 32

Unit Letter P, Section 10

T. 18 S., R. 28 E.

Artesia Pool

Eddy County, New Mexico

Elevation 3619' RT

Total Depth: 2605'

<u>Depth</u>	<u>Deviation</u>
485'	1/2°
990'	3/4°
1490'	3/4°
2024'	3/4°
2480'	3/4°
2605'	1/2°

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

Paul H. Williams 5-13-66  
Signature Date

Geological Manager International-Yates  
Title

Subscribed and Sworn to before me on this the 13th of May, 1966.

Casel L. M. New (Williams) Notary Public in and for Eddy County,  
New Mexico.

My Commission Expires: 9-16-67.

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