

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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(Form C-104)

Revised 7/1/57

MAY 10 1962

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 May 7, 1962  
(Place) (Date)

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

Western-Yates State 648, Well No. 174, in NE 1/4 SW 1/4,  
(Company or Operator) (Lease)

K, Sec. 10, T. 19-S., R. 28-E., NMPM, Artesia Pool

Eddy

Please indicate location:

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

County. Date Spudded 8-28-61 Date Drilling Completed 9-5-61  
Elevation 3543' GL Total Depth 2200' PBD 2199'

Top Oil/Gas Pay 2016 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 2016-27'; 2068-74'; 2084-92'; 2150-54'

Open Hole None Depth Casing Shoe 2199' Depth Tubing 2020'

OIL WELL TEST -

Natural Prod. Test: No test bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 10 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size Pump

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:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Selectively treated with 1150 gal. acid 142,000 lb. sand

Casing Tubing Date first new and 1903 bbls lease crude  
Press. Pump Press. Pump oil run to tanks May 2, 1962

Oil Transporter Continental Pipe Line Company

Gas Transporter None

Remarks:

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

Approved MAY 10 1962, 19

Western-Yates  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: W. A. Gressett

By: J. J. Larenson  
(Signature)

Title Production Superintendent  
Send Communications regarding well to:

Title OIL AND GAS INSPECTOR

Name Western-Yates

Address P.O. Box 427, Artesia, New Mexico

OIL CONSERVATION COMMISSION	
AMERICAN OIL FIELD OFFICE	
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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 <b>Western-Yates</b>				Lease <b>State 648</b>		Well No. <b>174</b>	
Unit Letter <b>K</b>	Section <b>10</b>	Township <b>19-S</b>	Range <b>28-E</b>	County <b>Eddy</b>			
Pool <b>Artesia</b>				Kind of Lease (State, Fed, Fee) <b>State</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>G</b>	Section <b>10</b>	Township <b>19-S</b>	Range <b>28-E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Continental Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent) <b>Artesia, New Mexico</b>			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent)			

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If gas is not being sold, give reasons and also explain its present disposition:

**TSTM**

**MAY 10 1962**

**REASON(S) FOR FILING (please check proper box)**

New Well ..... ☒ Change in Ownership ..... ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate.. ☐

Remarks

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

Executed this the 7th day of May, 1962.

**OIL CONSERVATION COMMISSION**

By

Approved by

Title

Title

Company

**OIL AND GAS INSPECTOR**

**Western-Yates**

Date

Address

**MAY 10 1962**

**P.O. Box 427, Artesia, New Mexico**