

**REQUEST FOR (OIL) - (GAS) ALLOWABLE** MAR 9 1960 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-104 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 March 8, 1960  
 (Place) (Date)

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

Western-Yates State 648, Tract 15, Well No. 160, in NE 1/4, SW 1/4,  
 (Company or Operator) (Lease)

K, Sec. 11, T. 19-S, R. 28-E, NMPM, E. Millman (Queen-Grayburg) Pool

Unit Letter

Eddy

Please indicate location:

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

County. Date Spudded 1-31-60 Date Drilling Completed 2-16-60

Elevation 3442' GL Total Depth 2245' PBD 2240'

Top Oil/Gas Pay 2038' Name of Prod. Form. Queen-Grayburg

PRODUCING INTERVAL -

Perforations 2038-45', 2077-86', 2092-96', 2150-53', 2227-34'

Open Hole Depth Casing Shoe 2240' Depth Tubing 2032'

OIL WELL TEST -

Natural Prod. Test: 50 bbls. oil, -0- bbls water in 24 hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 350 bbls. oil, -0- bbls water in 24 hrs, min. Size 1/2" 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:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): SOF 160,000 lbs. sand and 65,650 gallons oil.

Casing Tubing Date first new Press. 450 Press. 250 oil run to tanks 3-7-60

Oil Transporter Western Development Company of Delaware

Gas Transporter NONE

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	342	100
4-1/2	2245	100
2	2032	

Remarks:

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

Approved MAR 9 1960, 19

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

Western-Yates  
 (Company or Operator)

By: Ralph E. Day  
 (Signature)

Title Production Superintendent

Send Communications regarding well to:

Name Western-Yates

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

OIL CONFIRMATION COMMISSION		
ALABAMA FIELD OFFICE		
NO. OF		6
DATE		
BY		
HO		
ED		
STATE LAND OFFICE		
U. S. G. S.		
TRANSPORTER		
FILE		
BUREAU OF MINES		

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55  
**RECEIVED**

(File the original and 4 copies with the appropriate district office)

MAR 9 1960

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

O. E. O.  
ARTESIA, OFFICE

Company or Operator Western-Yates Lease State 648. Tract 15  
Well No. 160 Unit Letter K S 11 T S-19R 28E Pool E. Millman (Queen-Grayburg)  
County Eddy Kind of Lease (State, Fed. or Patented) State  
If well produces oil or condensate, give location of tanks: Unit B S 14 T 19S R 28E  
Authorized Transporter of Oil or Condensate Western Development Company of Delaware  
Address P. O. Box 427, Artesia, New Mexico  
(Give address to which approved copy of this form is to be sent)  
Authorized Transporter of Gas NONE  
Address \_\_\_\_\_  
(Give address to which approved copy of this form is to be sent)  
If Gas is not being sold, give reasons and also explain its present disposition:  
No market.

Reasons for Filing: (Please check proper box) New Well \_\_\_\_\_ ( )  
Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )  
Change in Ownership \_\_\_\_\_ ( ) Other \_\_\_\_\_ ( )  
Remarks: \_\_\_\_\_ (Give explanation below)

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

Executed this the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

By [Signature]  
Title Prod. Supt.

Approved MAR 9 1960 19 \_\_\_\_\_

OIL CONSERVATION COMMISSION

By [Signature]  
Title OIL AND GAS INSPECTOR

Company Western-Yates  
Address P. O. Box 427  
Artesia, New Mexico

OIL CONSERVATION COMMISSION		
AR EDA DISTRICT OFFICE		
No. Copies Received		
OPERATOR	3	
SMITH PE	1	
PROBATION OFFICE		
STATE LAND OFFICE		
U. S. G. S.		
TRANSPORTER		
FILE	1	
BUREAU OF MINES	1	1