

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

RECEIVED
MAR 4 1960 (Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

C. C. C. New Well
ARTESIA, OFFICE 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

3-1-60

(Place)

(Date)

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

Western-Yates

State 648, Tr. 15

Well No. 159

in NW

1/4 NW

1/4

(Company or Operator)

(Lease)

D

Sec. 14

T. 19S

R. 28E

NMPM, E. Millman

(Queen-Grayburg) Pool

Unit Letter

Eddy

County Date Spudded 1-10-60

Date Drilling Completed 2-10-60

Please indicate location:

Elevation D.F. 3442'

Total Depth 2265'

PBTD 2258'

Top Oil/Gas Pay 1808'

Name of Prod. Form. (Queen-Grayburg)

PRODUCING INTERVAL -

Perforations 1808-26'; 2044-48'; 2062-66'; 2082-86'; 2088-96'

2212-2222'

Open Hole _____

Depth _____

Depth _____

OIL WELL TEST -

Natural Prod. Test: 90 bbls. oil, 0 bbls water in 24 hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 400 bbls. oil, 0 bbls water in 24 hrs, _____ min. Choke Size 1/2"

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): Sand-Oil Frac. 176,000# sd. & 113,148 gal. of oil

Casing 500 Tubing 250 Date first new 3-3-60

Press. _____ Press. _____ oil run to tanks _____

Oil Transporter Western Development Company of Delaware

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sex
8 5/8"	460'	75
7"	1897'	Mudded
4 1/2"	2258'	100
2"	1811'	

Remarks: _____

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

Approved MAR 7 1960, 19 _____

Western-Yates

(Company or Operator)

By: Ralph E. Bell

(Signature)

Title Production Superintendent

Send Communications regarding well to:

Name Western-Yates

Address P. O. Box 427, Artesia, N. M.

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

OIL COMMISSION JOINT COMMISSION
ARTESIA DISTRICT

No. 0-10-1

DECLASSIFICATION

NO.
FURNISHED

SEP 21 1966

5-11-62

2.0 - UNION OFFICE

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 11-59

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

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

MAR 4 1960

O. C. C.
ARTESIA, OFFICE

Company or Operator Western-Yates Lease State 648, Tr. 15

Well No. 159 Unit Letter D S 14 T 19S R 28E Pool E. Millman (Queen-Gray-burg)

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 ~~McClelland~~ Western Development Company of Delaware

Address Post Office 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 Ralph E. Lee

Approved MAR 7 1960 19 _____

Title Production Superintendent

OIL CONSERVATION COMMISSION

Company Western-Yates

By M. L. Armstrong

Address P. O. Box 427

Title OIL AND GAS INSPECTOR

Artesia, New Mexico

OIL CONSERVATION COMMISSION
ARTESIA DISTRICT OFFICE

No. Copies Received

6

DISTRICT OFFICE

OPERATOR	FILE NO.	
SANITARY	2	
PROPERTY OFFICE	1	
STATE LAND OFFICE		
U. S. G. S.		
TRANSPORTER		
FILE	1	
BUREAU OF MINES	1	✓