

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

RECEIVED

JAN 20 1960 (Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE 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 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 Jan. 17, 1960

(Place)

(Date)

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

Western-Yates

(Company or Operator)

Well No. **157**, in **SE** **NE** **1/4** **1/4**

H Sec. **15**, T. **19S**, R. **28E**, NMPM, (Undes.) **E. Millman (Queen-Gryb.)** Pool

Unit Letter

Eddy

County. Date Spudded **12/2/59**

Date Drilling Completed **1/16/60**

Please indicate location:

Elevation **G. L. 3474'** Total Depth **2295'** PBD **2280'**

Top Oil/Gas Pay **1820'** Name of Prod. Form. **Queen Grayburg**

PRODUCING INTERVAL -

Perforation **2080-86'; 2075-77'; 2069-71'; 1820-1836'.**

Open Hole _____ Depth _____ Casing Shoe **2280'** Depth _____ Tubing **1811'**

OIL WELL TEST -

Natural Prod. Test: **40** bbls. oil, _____ 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): **150** bbls. oil, _____ bbls water in **24** hrs, _____ min. Choke Size **2 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): **66,696 gal. of oil. 84,000 lb. of Frac Sand.**

Casing _____ Tubing _____ Date first new _____
Press. **450** Press. **250** oil run to tanks **1/16/60**

Oil Transporter **Western Development Company of Delaware**

Gas Transporter **-Not connected-**

Tubing, Casing and Cementing Record

Size Feet Sx

10 3/4	490'	75
7	1941	Mudded & Pulled
4 1/2	2280	300
2" tbg	1811'	

Remarks: _____

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

Approved **JAN 21 1960**, 19____

Western-Yates

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

Title **OIL AND GAS INSPECTOR**

By: **Ralph E. [Signature]**

(Signature)

Title **Production Supt.**

Send Communications regarding well to:

Name _____

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

OIL CONSERVATION COMMISSION

ARTESIA FIELD OFFICE

No. Copies Received

OPERATING

SANTA FE

PRODUCTION

STATE LAND

U. S. G. S.

TRANSPORTATION

FILE

BUREAU OF LAND

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)

JAN 20 1960

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA OFFICE

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

Well No. 157 Unit Letter H/S 15 T 19S R 28E Pool (Undes.) 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 P S 15 T 19S R 28E

Authorized Transporter of Oil ~~pp/ffffffffff~~ Western Development Co. 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 _____ (xx)

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 JAN 20 1960 19____

By Ralph Lee

Approved JAN 21 1960 19____

Title Production Supt.

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		OIL INSPECTION	
ARTESIA DISTRICT			
No. Copies Received	6		
DATE			
DEFINITION	3		
STATEMENT	1		
PROBATION OFFICE	1		
STATE LAND OFFICE			
U. S. G. O.			
TRANSPORTER			
FILE	1		
BUTLER OFFICE			