

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

RECEIVED

(Form C-104)
Revised 7/1/57

JUL 30 1959

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 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 July 30, 1959
(Place) (Date)

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

Western - Yates State 648, Tract 15, Well No. 152, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
A, Sec. 22, T. 19 S, R. 28 E, NMPM(Unmanned) East Millman San Andres
Unit Letter Pool

Eddy

Please indicate location:

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

660' N & E

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>10 3/4</u>	<u>465</u>	<u>75</u>
<u>8 5/8</u>	<u>1350</u>	<u>set and pulled</u>
<u>7</u>	<u>1941</u>	<u>"</u>
<u>4 1/2</u>	<u>2542</u>	<u>400</u>

Remarks: 2" tbg. at 2430

County. Eddy Date Spudded 7-6-59 Date Drilling Completed 7-26-59
Elevation 3421 DF Total Depth 2663 PBD 2540

Top Oil/Gas Pay 2413 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 2413 - 30

Open Hole _____ Depth _____
Casing Shoe 2542 Depth Tubing 2430

OIL WELL TEST -

Natural Prod. Test: 8 bbls. oil, _____ bbls water in 24 hrs, 0 min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 126 bbls. oil, _____ bbls water in 2 hrs, _____ min. Size 1 1/4"
(two)

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): 1,000 gals. acid in perfs. 2413-30'

Casing _____ Tubing _____ Date first new _____
Press. Phr. Press. 180 oil run to tanks July 29, 1959

Oil Transporter Western Development Company of Delaware

Gas Transporter None

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

Approved: _____, 19____

Western - Yates
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong
Title: OIL AND GAS INSPECTOR

By: W. D. Macey
(Signature)

Title: Chairman of Operating Committee
Send Communications regarding well to:

Name Western - Yates

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

63

252

6

1513

20
4413
14
61

OIL CONSERVATION COMMISSION	
ARTESIA DISTRICT OFFICE	
No. Copies Rec'd	6
DATE RECEIVED	
Mr. []	3
Mr. []	1
Mr. []	
STATE EXHIBIT	
U. S. G. S.	
INDUSTRIAL	
FILE	1
STATUS OF CASE	14