

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECEIVED
DEC 5 1962
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 November 30, 1962
(Place) (Date)

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

Western-Yates

State 648

Well No. 188

in NW 1/4 SW 1/4

(Undesignated)

(Company or Operator)

(Lease)

L Sec 22

T 19-S R 28-E NMPM, East Millman Queen-Grayburg Pool

Eddy

County Date Spudded 10-1-62

Date Drilling Completed 11/16/62

Please indicate location:

Elevation 3404'

Total Depth 2212' PBD 1745'

Top Oil/Gas Pay 1710'

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 1710-14'

Open Hole None

Depth Casing Shoe 1747'

Depth Tubing 1707'

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, bbls. water in hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 50 bbls. oil, 0 bbls. water in 5 hrs, 0 min. Size 1/4"

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): Treated w/100 gals. acid, 30,000 lbs. sd. 381 bbls. lease crude

Casing Press. 275 Tubing Press. 175 Date first new oil run to tanks November 30, 1962

Oil Transporter Continental Pipe Line Company

Gas Transporter No gas connection.

Remarks:

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

Approved DEC 5 1962, 19

Western-Yates

(Company or Operator)

By:

(Signature)

Title Production Superintendent

Send Communications regarding well to:

Name Western-Yates

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

OIL CONSERVATION COMMISSION

By:

(Signature)

Title

OIL CONSERVATION COMMISSION	
ADVISORY BOARD	OFFICE
No. Copies	9
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PRODUCTION	1
STATE LAND OFFICE	
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