

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

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 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

May 11, 1959

(Place)

(Date)

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

Western - Yates

Malco - State

Well No. 1, in NW 1/4, NW 1/4,

(Company or Operator)

(Lease)

D, Sec. 23, T. 19 S., R. 28 E., NMPM., E. Millman Queen Grayburg Pool

Unit Letter

Eddy

County. Date Spudded. 3-2-59

Date Drilling Completed 4-21-59

Please indicate location:

Elevation 3418 DF Total Depth 2533' PBTD 1938'

Top Oil/Gas Pay 1763' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 1763-72', 1777-83', 1798-1808', 1828-44'

Open Hole None Depth 1938' Casing Shoe 1751' Depth Tubing

OIL WELL TEST -

Natural Prod. Test: 25 bbls. oil, No 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, 5 bbls water in 24 hrs, min. Choke 1"

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): 51,000 gals. oil and 110,000 lbs. sand

Casing Press. 400 Tubing Press. 300 Date first new oil run to tanks May 1, 1959

Oil Transporter Continental Pipe Line Company

Gas Transporter

Remarks:

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

Approved: May 11, 1959, 19

Western - Yates

(Company or Operator)

By: W.A. Gressett (Signature)

Title: Chairman of Operating Committee

Send Communications regarding well to:

Name: Western - Yates

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

OIL CONSERVATION COMMISSION

By: W.A. Gressett

Title: Secretary

OIL COMPRESSOR & CONDENSER	
DATE OF TEST	
TESTER	
FACILITY	
EQUIPMENT	
TEST RESULTS	
REMARKS	
SIGNATURE	
DATE	

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

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

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Western - Yates Lease Malco State  
Well No. 1 Unit Letter D S 23 T 19 S R 28 E 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 F S 23 T 19 S R 28 E  
Authorized Transporter of Oil ~~or Condensate~~ Continental P. L. Co.  
Address 220 Carper Building, 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:  
Gas flared, no pipe line.

Reasons for Filing: (Please check proper box) New Well \_\_\_\_\_ (X)  
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 11 th day of May 19 59

By P. C. Johnson  
Title Dist. Supt.

Approved 35 19 59

OIL CONSERVATION COMMISSION  
By W. A. Gussett  
Title \_\_\_\_\_

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