

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~Subsequent~~

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 12, 1959
(Place) (Date)

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

Western - Yates Malco - State Well No. 2 in NE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
C Sec. 23 T. 19 S R. 28 E NMPM., E. Millman Queen Grayburg Pool
Unit Letter

Eddy

County. Date Spudded 3-18-59 Date Drilling Completed 4-22-59

Please indicate location:

Elevation 3407 DF Total Depth 2566' PBTD 2362'

Top Oil/Gas Pay 2126' Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 2126-46', 2262-86'

Open Hole PB Depth Casing Shoe 2362' Depth Tubing 2119'

OIL WELL TEST -

Natural Prod. Test: 14 gals. oil, _____ bbls water in 1 hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 105 bbls. oil, 2 bbls water in 24 hrs, _____ min. Choke Size 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): 22,000 gals. crude and 50,500 lbs. sand

Casing Press. 300 Tubing Press. 250 Date first new oil run to tanks May 8, 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 12 1959, 19____

Western - Yates

(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

Title: Dist. Supt.

Send Communications regarding well to:

Name: Western - Yates

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

By: [Signature]

Title: _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>10 3/4</u>	<u>390</u>	<u>75</u>
<u>4 1/2</u>	<u>2362</u>	<u>250</u>

OFFICE OF THE ATTORNEY GENERAL	
STATE OF NEW YORK	
IN SENATE	
JANUARY 1, 1901	
REPORT	
OF THE	
COMMISSIONERS OF THE LAND OFFICE	
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE	
MAY 1, 1899	
AND	
A REPORT	
OF THE	
COMMISSIONERS OF THE LAND OFFICE	
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE	
MAY 1, 1899	

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. 2 Unit Letter C 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 Pipe Line Company
Address 220 Carper Building, Artesia, N. M.
(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 pipe line connector, gas is flared

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 12 th day of May 19 59

Approved _____ 19 _____

OIL CONSERVATION COMMISSION

By M L Armstrong

Title _____

By P. C. Lanson
Title Dist. Supt.

Company Western - Yates

Address P. C. Box 427

Artesia, New Mexico