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TRANSPORTER	OIL GAS
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# NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWABLE RECEIVED

New Well  
Recompletion

APR 16 1962

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, N. Mex., April 16, 1962  
(Place) (Date)

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

John A. Yates Helen, Well No. 1, in NE 1/4 NE 1/4,  
(Company or Operator) (Lease)  
A, Sec. 29, T. 19S, R. 28E, NMPM., East Millman Seven Rivers Pool  
Unit Letter

Eddy

County. Date Spudded. 3/29/62 Date Drilling Completed 4/8/62

Please indicate location:

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

330/N 990/E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

7"	200	50
4 1/2"	1020	50
2 3/8"	1020	

Elevation 1040 Total Depth 1107 PSTD 1107

Top Oil/Gas Pay 1040 Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations Open Hole

Open Hole 1020-1107 Depth Casing Shoe 1020 Depth Tubing 1020

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 35 bbls. oil, bbls water in 24 hrs, min. Size Choke pump

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): 15000 gallons 7% acid

Casing Tubing Date first new Press. pump Press. pump oil run to tanks 4/13/62

Oil Transporter The Permian Corporation

Gas Transporter

Remarks:

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

Approved APR 16 1962, 19

John A. Yates

(Company or Operator)

By: Vala Gardner (Signature)

Title Bookkeeper

Send Communications regarding well to:

Name John A. Yates

323 Carper Bldg

OIL CONSERVATION COMMISSION

By: M.L. Armstrong

Title

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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**FORM C-110**  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>John A. Yates</b>				Lease <b>Helen</b>		Well No. <b>1</b>	
Unit Letter <b>A</b>	Section <b>29</b>	Township <b>19S</b>	Range <b>28E</b>		County <b>Eddy</b>		
Pool <b>East Millman Seven Rivers</b>					Kind of Lease (State, Fed, Fee) <b>State</b>		
If well produces oil or condensate give location of tanks			Unit Letter <b>A</b>	Section <b>29</b>	Township <b>19S</b>	Range <b>28E</b>	
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>  <b>The Permian Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>Box 3119 Midland, Texas</b>			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			Date Con- nected	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 and burned**

**RECEIVED**  
**APR 16 1962**

**REASON(S) FOR FILING** (please check proper box)

New Well ..... ☒  
Change in Transporter (check one)  
Oil ..... ☐ Dry Gas ..... ☐  
Casing head gas . ☐ Condensate... ☐

Change in Ownership ..... ☐  
Other (explain below)

**O. C. C.**  
**ARTESIA, OFFICE**

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **16th** day of **April**, 19**62**.

OIL CONSERVATION COMMISSION		By <i>Nola Carder</i>	
Approved by <i>M. L. Armstrong</i>		Title <b>Bookkeeper</b>	
Title <b>OIL AND GAS INSPECTOR</b>		Company <b>John A. Yates</b>	
Date		Address <b>323 Carper Bldg. Artesia, New Mexico</b>	