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U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

JUL 26 1961

New Well C.
ARTESIA OFFICE

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 26, 1961

(Place)

(Date)

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

John A. Yates

Mary Lou St

Well No. 1

SE 1/4

NE 1/4

(Company or Operator)

(Lease)

H

Sec. 29

T. 19 S

R. 28 E.

NMPM,

Angell 7 Rivers, Undes. Pool

Unit Letter

Eddy

County. Date Spudded. 7-11-61

Date Drilling Completed 7-22-61

Please indicate location:

Elevation 3330

Total Depth 1252

PBTD 1157

Top Oil/Gas Pay 1098

Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations 1098 to 1102, 1109-1113

Open Hole

Depth

Depth

Casing Shoe

1157'

Tubing

1070

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): 46 bbls. oil, _____ bbls water in 24 hrs, _____ min. Size 1 1/4 Choke

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): 3000 Gallons 15% acid, with balls

Casing Press. 210 Tubing Press. 140 Date first new oil run to tanks 7-24-61

Oil Transporter The Permian Corporation

Gas Transporter NONE

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

1650 N 330 E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size

Feet

Sax

7"	227	50
4 1/2"	1157	100
2 3/8	1088	

Remarks:

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

Approved JUL 27 1961, 19.

John A. Yates

(Company or Operator)

By:

John A. Yates

(Signature)

OIL CONSERVATION COMMISSION

By:

M. L. Armstrong

Title:

Bookkeeper

Send Communications regarding well to:

Title

OIL AND GAS INSPECTOR

Name:

John A. Yates,

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE OPERATOR		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		RECEIVED (Rev. 7-60) JUL 26 1961
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE				
Company or Operator John A. Yates			Lease Mary Lou	
Unit Letter H	Section 29	Township 19 S.	Range 28 E.	County Eddy
Pool Angell Seven Rivers Undesignated			Kind of Lease (State, Fed, Fee) State	
If well produces oil or condensate give location of tanks		Unit Letter G	Section 29	Township 19 S
				Range 28 E.
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation			Address (give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas.	
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"/> NONE		Date Connected	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 & burned.				
REASON(S) FOR FILING (please check proper box)				
New Well <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>				
Remarks				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the 26th day of July , 19 61				
OIL CONSERVATION COMMISSION			By Mary Lou	
Approved by M. L. Armstrong			Title Bookkeeper	
Title OIL AND GAS INSPECTOR			Company John A. Yates	
Date JUL 27 1961			Address 323 Carper Bldg., Artesia, New Mexico.	