MEXICO OIL CONSERVATION COM....SSION (Form C-104)

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

NE

8 1962 New Well Recompletion

Revised 7/1/57

O. C. C. This form shall be submitted by the operator before an initial allowable will be assigned to any completed Gil 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 7, 1962				
WE ARE	HEREBY F	EOUESTI	(Place) (Date) ING AN ALLOWABLE FOR A WELL KNOWN AS:				
			State 648 , Well NZ5 , in SE 1/4 NE 1/4, (Lesse)				
H.	, Sec	10	T.19-S., R. 28-E., NMPM., Artesia				
••••••	Eddy		County. Date Spudded				
Please indicate location:			Elevation 3499' GL Total Depth 2238 PBTD 2228				
D	C B	A	Top Oil/Gas Pay 2002 Name of Prod. Form. Grayburg				
	• •		PRODUCING INTERVAL -				
E	7 0	x H	Perforations 2002-18; 2042-46; 2062-82; 2106-18; 2138-42				
			Open Hole None Depth Cesing Shoe 2237 Depth Tubing 2130				
L	K J	Ī	OIL WELL TEST -				
-			Choke Natural Prod. Test No test bbls.cil,bbls water inhrs,min. Size				
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of				
M	N O	P	load oil used): 40 bbls.oil, 71 BLWbbls water in 24 hrs, 0 min. SizePump				
			GAS WELL TEST -				
1850' F	NL & 11	35' FEL	- Natural Prod. TestsMCF/Day; Hours flowedChoke Size				
Tubing ,Car	ing and Com	enting Reco					
Sire	Feet	Sax	Test After Acid or Fracture TreatmentsMCF/Day; Hours flowed				
7"	584	50	Choke SizeMethod of Testings				
4 1 /211	2227	140	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and				
4 1/2"	4431	160	sand) Selectively treated w/43, 200 lb. sand & 2038 bbls. water.				
2 3/8"	2130	· ·	Casing Tubing Date first new Press Pump Press Pump oil run to tanks May 3, 1962				
			Oil Transporter Continental Pipe Line Company				
			Gas Transporter Not connected				
Remarks :		***					
			prmation given above is true and complete to the best of my knowledge.				
	• •		19. Western-Yates				
••			(Company or Operator)				
OI	L CONSEI	RVATION	COMMISSION By: TY h arcn port				
	IFM.	1					
y:			Title Production Superintendent Send Communications regarding well to:				
Title	11. a nd Urs	IRSPECTOL	s/ Western-Yates				
	,	·	Address P. O. Box 427 Artesia, New Mexico				

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CIL CONSERVATION COMMISSION

NUMBER OF COPIES RECEIVED DISTRIBUTION BANTA FC FILE U.S.G.S. LAND OFFICE		NEW MEXICO OIL CONSERVATION C 415510N SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION							
TO TRANSPORT OIL AND NATURAL GAS									
Company or Operator Western-Yates Well No. 75									
		·		State 648	Well No. 75				
Unit Letter H Serion	Township 19-S	Range	28-E	County Eddy					
Pool Artesia			Kind of Lease (State, Fed, Fee) State						
If well produces oil or c give location of t		ate Unit Letter G		Township 19-S	Range 28-E				
Authorized transporter of oil 🏋 o	r condensate		Address (give address to which approved copy of this form is to be sent)						
Continental Pipe Line Company Artesia, New Mexico									
Is Gas Actually Connected? YesNo									
Authorized transporter of casing head gas or dry gas Date Con- nected Address (give address to which approved copy of this form is to be sent)									
If one is not hains call time at									
If gas is not being sold, give reason	is and also explain its	present disposition:			n nanan ann an tri tan ga t				
Gas Volume TSTM				M	IAY © 1962				
					D. C. C.				
	REASO	N(S) FOR FILING	(please check p		RTESIA, OFFICE				
Change in Oil	Transporter (check one Dry (head gas . Cond) Gas	Change in Ownership						
Remarks									
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.									
Execut	ed this the 7th	_ day of	May	, 19 62					
	ATION COMMISSION		By D	nQ_{a}	- f				
Approved by	t		Title Production Superintendent						
Title	<u></u>	Company Western-Yates							
சா. அதுதி இதி	isares róa			_					
Date MAY	8 1962		Address P.O. Box 427, Artesia, New Mexico						