

N. MEXICO OIL CONSERVATION CO. MISSION  
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 6-28-63  
(Place) (Date)

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

International-Yates State 647, Well No. 196, in SE 1/4 SE 1/4,  
(Company or Operator) (Lease)  
P, Sec. 29, T. 17-S., R. 28-E., NMPM, Red Lake Pool  
Unit Letter

Eddy County. Date Spudded 6-18-63 Date Drilling Completed 6-24-63

Please indicate location: Elevation 3691' GL Total Depth 1940 PBD 1939

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

Top Oil/Gas Pay 1894' Name of Prod. Form. Grayburg (Premier)

PRODUCING INTERVAL -

Perforations 1894-1899'

Open Hole None Depth Casing Shoe 1939' Depth Tubing 1890'

OIL WELL TEST -

Natural Prod. Test: Not 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): 40 bbls. oil, 0 bbls water in 8 hrs, 0 min. Size 1 1/2" 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): 250 gals. MCA Acid, 30,000 lb. sand, 200 lb. glass beads, 500 lbs Casing Tubing Date first new Adomite, 470 lbs lease crude.  
Press. 250 Press. 100 oil run to tanks 6-28-63

Oil Transporter Continental Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks:

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

Approved JUN 29 1963, 19

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

International-Yates  
(Company or Operator)

By: [Signature]  
(Signature)

Title District Engineer

Send Communications regarding well to:

Name International-Yates

P. O. Box 427, Artesia, New Mexico

OIL CONSERVATION COMMISSION		
ARTEZIA DISTRICT OFFICE		
This Copy Received		8
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SANTA FE	FILE	1
U.S.G.S.	LAND OFFICE	
TRANSPORTER	OIL GAS	1
PRODUCTION OFFICE	OPERATOR	5

**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>International-Yates</b>				Lease <b>State 647</b>		Well No. <b>196</b>	
Unit Letter <b>P</b>	Section <b>29</b>	Township <b>17-S</b>	Range <b>28-E</b>		County <b>Eddy</b>		
Pool <del>Red Lake</del>					Kind of Lease (State, Fed, Fee) <b>State</b>		
If well produces oil or condensate give location of tanks			Unit Letter <b>P</b>	Section <b>29</b>	Township <b>17-S</b>	Range <b>28-E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Continental Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent) <b>Artesia, New Mexico</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 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:

**No gas connection to this well at this time.**

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

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

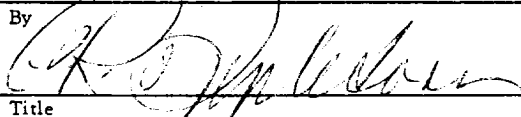
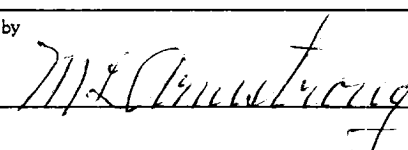
Change in Ownership ..... ☐  
 Other (explain below)

Remarks

**Temporary tank battery will be constructed pending ruling on our request to change pool designation for this well.**

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

Executed this the **28th** day of **June**, 19 **63**.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title <b>District Engineer</b>	
Title <b>OIL AND GAS INSPECTOR</b>	Company <b>International-Yates</b>	
Date <b>JUN 28 1963</b>	Address <b>P. O. Box 427, Artesia, New Mexico</b>	

INTERNATIONAL-YATES  
P. O. Box 427  
Artesia, New Mexico

Deviation Tests

State 647 Lease, Well No. 196

Unit Letter "P" Section 29

T-17-S, R-28-E

Red Lake Pool


Eddy County, New Mexico

Elevation 3702' KB

Total Depth 1951'

<u>Depth</u>	<u>Deviation</u>
525'	1/2°
1100'	1/2°
1573'	1/2°

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

  
Signature

6-28-63

District Engineer International-Yates

Subscribed and Sworn to before me on this the 28<sup>th</sup> day of June, 1963.

Mary Ann Rogers Notary Public in and for Eddy County, New Mexico.

My commission Expires 3/28/67.

RECEIVED

JUN 2 1963

Artesia, N.M.

INTERNATIONAL  
P. O. Box 433  
New York, New York

Deviation Table

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Signature

International-Van

Signature

Signature

Signature