

**NEW MEXICO OIL CONSERVATION COMMISSION**  
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 4/23/63  
(Place) (Date)

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

International-Yates Malco State, Well No. 4, in NW 1/4 NW 1/4,  
(Company or Operator) (Lease)  
D, Sec. 23, T. 19-S, R. 28-E, NMPM, East Millman Seven Rivers Pool  
(Trk. Letter)

Eddy

Please indicate location:

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

660' FNL & 330' FWL

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	305'	50
4 1/2"	1209'	75
2 3/8"	1122'	

County. 11-23-62 Date Spudded 11-23-62 Date Drilling Completed 12-3-62  
Elevation 3412' Total Depth 1210' LTD 1209'  
Top Oil/Gas Pay 1127' Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations 1127-31' 1168-72'  
Open Hole None Depth 1210' Depth 1122'  
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: Notest 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 Choke load oil used): 3 bbls. oil, 5 bbls water in 24 hrs, 0 min. Size 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): Treated w/35,000 lb. sand using 907 bbls. lease crude

Casing 40 Tubing pump Date first new oil run to tanks 4-21-63  
Press. Press.

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 APR 26 1963, 19\_\_\_\_ International-Yates  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: W. A. Gressett

Title OIL AND GAS INSPECTOR

By: Jack C. Sandler  
(Signature)

Title District Engineer  
Send Communications regarding well to:


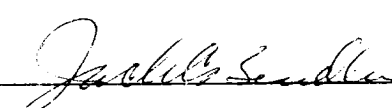
Name International-Yates

Address P. O. Box 427, Artesia, New Mexico

**RECEIVED**  
APR 26 1963

**ARTESIA DISTRICT OFFICE**

7

NUMBER OF COPIES RECEIVED <u>7</u> DISTRIBUTION SANTA FE FILE U.S.G.S LAND OFFICE TRANSPORTER OIL GAS PRODUCTION OFFICE OPERATOR		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION          TO TRANSPORT OIL AND NATURAL GAS</b>		<b>FORM C-110</b> (Rev. 7-60)
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE				
Company or Operator <b>International-Yates</b>			Lease <b>Malco State</b>	Well No. <b>4</b>
Unit Letter <b>D</b>	Section <b>23</b>	Township <b>19-S</b>	Range <b>28-E</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>C</b>	Section <b>23</b>	Township <b>19-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 checked="" type="checkbox"/> No <input type="checkbox"/>				
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>		Date Connected <b>Sept. 1960</b>	Address (give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma</b>	
If gas is not being sold, give reasons and also explain its present disposition:				
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"/>				
RECEIVED APR 26 1963 D. E. G. ARTESIA, OFFICE				
Remarks				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the <u>23 rd</u> day of <u>April</u> , 19 <u>63</u> .				
OIL CONSERVATION COMMISSION			By	
Approved by 				
Title <b>District Engineer</b>			Title <b>District Engineer</b>	
Company <b>International-Yates</b>			Company <b>International-Yates</b>	
Date <b>APR 26 1963</b>			Address <b>P. O. Box 427, Artesia, New Mexico</b>	