

**NEW MEXICO
OIL CONSERVATION COMMISSION**
TENTH & DALLAS STREETS
ARTESIA, NEW MEXICO

August, 1965

No. **A 43**

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE **8/18/65**

PURPOSE: **ALLOWABLE ASSIGNMENT (NEW WELL)**

Effective 8/11/65, an allowable of 24 barrels of oil per day or a total of 504 barrels for the month is hereby assigned to the S. P. Yates, Galvia #2Y-M, 12-20-26, Undesignated West McMillan-SR-Q Pool. Continuance of this allowable subject to out come of Commission hearing.

MLA/jw

S. P. Yates

Permian

OIL CONSERVATION COMMISSION


SUPERVISOR, DISTRICT NO. 2

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	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator		S. P. YATES		RECEIVED	
Address		309 Carper Building, Artesia, New Mexico 88210		AUG 16 1965	
Reason(s) for filing (Check proper box)		Other (Please explain)		O. C. C. ARTESIA, OFFICE	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
GALVIN	21	Und. W. McMillan H-9	State, Federal or Fee Federal
Location			
Unit Letter	M	910 Feet From The South Line and 1025 Feet From The West	
Line of Section	12	Township 20 South Range 26 East	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 3119 Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	12	20S	26E		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X								
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
August 5, 1965	August 11, 1965		74'					
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
	Seven Rivers - Dolomite		67'		63'			
Perforations	None				Depth Casing Shoe			
					None			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7 3/8"	4" line pipe		63'		4 SXS.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
August 11, 1965	August 11, 1965	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	24 Barrels Oil	2 Barrels Water	None

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. L. Norman
(Signature)
Geologist
(Title)
August 13, 1965
(Date)

OIL CONSERVATION COMMISSION
This approval subject to the outcome of
Commission hearing. AUG 18 1965, 19

BY W. J. Armstrong
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.