

REQUEST FOR (OIL) - ~~WELL~~ 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 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico March 13, 1957
(Place) (Date)

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

Western-Yates (Company or Operator) Dunn "B" Tr. 2 (Lease), Well No. 20, in SE 1/4 NE 1/4,
H (Unit Letter), Sec. 10, T. 18S, R. 28E, NMPM, Artesia Pool
Eddy County. Date Spudded 2-13-57, Date Completed 2-19-57

Please indicate location:

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

Elevation 3622' DF Total Depth 2735', P.B. --

Top oil/gas pay 2278' Name of Prod. Form Grayburg S.A.

Casing Perforations: 2278-84', 2508-18', 2560-68', or
Open Hole 2674-2735'

Depth to Casing shoe of Prod. String 2674'

Natural Prod. Test not tested BOPD

based on frac bbls. Oil in 60 Hrs. Mins.

Test after rock shot 60 BOPD

Based on 60 bbls. Oil in 24 Hrs. Mins.

Gas Well Potential --

Size choke in inches 3/4" on intermitter

Date first oil run to tanks or gas to Transmission system: March 10, 1957

Transporter taking Oil or Gas: Malco Rfg., Inc. (Pipe Line Division)

Casing and Cementing Record

Size Feet Sax

7"	625	75
4 1/2"	2674	100

Remarks:

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

Approved _____, 19_____

OIL CONSERVATION COMMISSION

By: *M. L. Armstrong*

Title _____

(Company or Operator)

By: *P. C. Johnson*
(Signature)

Title Dist. Supt.

Send Communications regarding well to:

Name Western-Yates

Address P.O. Box 445, Artesia, N. M.