

REQUEST FOR (OIL) - (GAS) ALLOWABLE

FEB 13 1962
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 February 12, 1962
(Place) (Date)

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

Western-Yates State 647, Well No. 180, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A Sec. 32, T. 17-S, R. 28-E, NMPM, Artesia Pool
Unit Letter

Eddy

Please indicate location:

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

890' FNL & 330' FEL

Tubing, Casing and Cementing Record
Size Feet Sax

| | | |
|--------|------|-----|
| 7" | 523 | 100 |
| 4 1/2" | 1970 | 150 |
| 2 3/8" | 1910 | |
| | | |

County. Date Spudded 1-27-62 Date Drilling Completed 1-31-62
Elevation 3690' GL Total Depth 1971' PBD 1970'
Top Oil/Gas Pay 1915' Name of Prod. Form. Premier

PRODUCING INTERVAL -

Perforations 1915-22.5
Open Hole None Depth Casing Shoe 1970' Depth Tubing 1910'

OIL WELL TEST -

Natural Prod. Test: No 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): 54 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 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): 30,000 lb. sand using 573 bbls lease crude.

Casing Tubing Date first new Press. 525 lb. Press. 290 lb. oil run to tanks February 10, 1962.

Oil Transporter Continental Pipe Line Company

Gas Transporter Phillips Petroleum Corporation

Remarks:

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

Approved: FEB 13 1962, 19

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title: District Engineer

Western-Yates
(Company or Operator)

By: R. W. Davenport
(Signature)

Title: Production Superintendent
Send Communications regarding well to:

Name: Western-Yates
P. O. Box 427, Artesia, New Mexico
Address:

| | |
|---------------------------|-----|
| NUMBER OF COPIES RECEIVED | |
| 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

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 Western-Yates | | | | Lease State 647 | | Well No. 180 | |
| Unit Letter A | Section 32 | Township 17-S | Range 28-E | County Eddy | | | |
| Pool Artesia | | | | Kind of Lease (State, Fed, Fee) State | | | |
| If well produces oil or condensate give location of tanks | | | Unit Letter J | Section 35 | Township 17-S | Range 28-E | |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Continental Pipe Line Company | | | | Address (give address to which approved copy of this form is to be sent) Artesia, New Mexico | | | |
| 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"/> Phillips Petroleum Corporation | | | Date Connected 2-10-62 | Address (give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma | | | |

If gas is not being sold, give reasons and also explain its present disposition:

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)

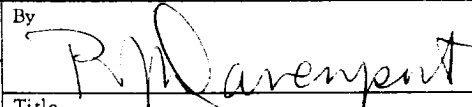
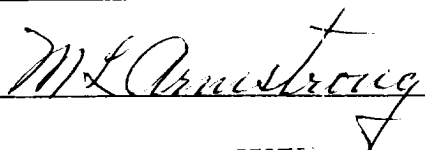
RECEIVED

FEB 14 1962
OIL CONSERVATION COMMISSION
SANTA FE, N.M.

Remarks

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

Executed this the 12th day of February, 1962.

| | | |
|--|--|--|
| OIL CONSERVATION COMMISSION | | By  |
| Approved by  | Title Production Superintendent | |
| Title WESTERN-YATES | Company Western-Yates | |
| Date FEB 14 1962 | Address P. O. Box 427, Artesia, New Mexico | |