NEW M. .ICO OIL CONSERVATION COMMIS. IN 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, N. M.	***************************************	Janua	ry 31,	1961
T AOF UI	PPPV D	FOURCE	INC AN ALLOWARE DO	(Place)			(Date)	
e ake hi Votas da	ekeby k ********	EQUEST.	ING AN ALLOWABLE FO	R A WELL KNOWN	AS:		***	
Com	pany or O	erator)	any, Lillie M. Yat	Well No	, in	## /4		4,
L	Sac	31	(Lesse) T. 88 , R 37	E MARKE	llison			
Unit Lette	, Sec	***************************************	, I, R	, NMPM.,			Po	ol
ROOSEV	elt		County. Date Spudded	7-17-61 Date	a Drilling G	ompleted 1-2	26-61	
Please	indicate		Elevation 4056 1	Total Depth	9705'	PBTD	96741	
- Itaac	marcate		Top Oil/Gas Pay 9639	Name of Prod	. Form. Po	nn (Bough	"C")	
D C	B	A						-
			PRODUCING INTERVAL -					
E F	G	H	Perforations 9639'-9		to 966			
			Open Hole	Depth Casing Shoe	97 05 '	Depth Tubing 96	54'	_
			OIL WELL TEST - No to	-				_
L K	J	I					Choke	•
>		1.	Natural Prod. Test:				min. Size_	-
√ • •			Test After Acid or Fractur					
И	0	P	load oil used),n 280 b	bls,oil, Mo bbls	water in 24	hrs, no mi	Choke n. Size	4 ¹¹
			GAS WELL TEST -					-
	I							
		······································	_ Natural Prod. Test:	MCF/Day; Hou	rs flowed	Choke Size	e	
ring "Casin	ng and Gem	nting Reco	rd Method of Testing (pitot,	back pressure, etc.):				
Size	Feet	Sar	Test After Acid or Fractur	e Treatment:	MCE	Dav: Hours flow	wed	-
2 (4	207	200	Choke Size Method			-4,,	······································	-
0 3/4	335	200	onor office the chief	or restring.				_
7 5/8	4175	150 +	Acid or Fracture Treatment	(Give amounts of materia	ls used, suc	h as acid, wate	r, oil, and	=
/ 3/6	44/9	400 W	sand): 500 gais.	spearhead acid	4 6000	gal. 159	i recula	ar a
	00.00	400	Casing 250% Tubing Press.	Date first new	1-26-	41		
1/2	9705	400	=			~		-
3/8	9654	_	Cil Transporter Mos	orr orr combana	,	.,		_
/ -			Gas Transporter					_
narks:			***************************************		*******			
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1/17	. Il	True /	by Me		(Signature	:)	My	
alle	2] C i		III SKI	Title Secretary				-
	"/	1	• • • • • • • • • • • • • • • • • • •	Send Comm	unications r	egarding well t	o:	
B	<i></i>	*************		Name Yates Dr	illing	Company		_
	0			309 Carp	er Buil	ding -		
				Address Artesia.	New Me	xico		-