

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 7-9-57
(Place) (Date)

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

S. P. Yates Cities Angle State A, Well No. 4, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

G, Sec. 2, T. 17S, R. 34E, NMPM., Vacuum Pool
Unit Letter

Lea County. Date Spudded 6-26-57 Date Drilling Completed 7-6-57
Elevation _____ Total Depth 4730 PBDT 4730

Please indicate location:

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

Top Oil/Gas Pay 4688 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations None

Open Hole 4667-4730 Depth 4667 Depth Tubing 4675

OIL WELL TEST -

Natural Prod. Test: 31 bbls. oil, 0 bbls water in 24 hrs, 2 min. Size 2" Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): well not treated Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>7"</u>	<u>1667</u>	<u>300</u>
		<u>two stage</u>
<u>4 1/2"</u>	<u>4660'</u>	<u>150</u>

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): well not treated

Casing _____ Tubing _____ Date first new _____

Press. _____ Press. _____ oil run to tanks 7-9-57

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks: _____

Vacuum Eft

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

Approved _____, 19____ S. P. Yates
(Company or Operator)

OIL CONSERVATION COMMISSION

By: E. W. Fisher

Title _____

By: W. H. Barry
(Signature)

Title Office Manager
Send Communications regarding well to:

Name S. P. Yates

Address 309 Carper Bldg.
Artesia, New Mexico