

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, N. M.

5-10-57

(Place)

(Date)

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

S. P. Yates

Shell Angle State A

Well No. **1**

in **NE**

1/4 SE

1/4

(Company or Operator)

(Lease)

I

Sec. **10**

T. **17S**

R. **34E**

NMPM.

Wildcat

Pool

(Unit)

Lea

County. Date Spudded. **9-8-56**

Date Completed. **4-1-57**

Please indicate location:

			o

Elevation **4044.7** Total Depth **4752'** P.B. **4455'**

Top oil/gas pay **3890** Name of Prod. Form **Queen**

Casing Perforations: **3890' to 3916'**

or

Depth to Casing shoe of Prod. String **4688'**

Natural Prod. Test _____ BOPD

based on _____ bbls. Oil in _____ Hrs. _____ Mins.

Test after acid or shot **38** BOPD

Based on **38** bbls. Oil in **24** Hrs. _____ Mins.

Gas Well Potential _____

Size choke in inches _____

Date first oil run to tanks or gas to Transmission system: **5-1-57**

Transporter taking Oil or Gas: **Magnolia Petroleum Company**

Casing and Cementing Record

Size Feet Sax

8 5/8	348	190
5 1/2	4688	250

Remarks: **Well was completed 4-1-57 as a gas well, however, well commenced making fluid which at first seemed to be mostly water. Water production has decreased and oil content increased until well produced 55 BPD of which 38 Bbls. is oil.**

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)

By: *Hugh Barry*

(Signature)

OIL CONSERVATION COMMISSION

By: *E. J. Fischer*

Title **Office Manager**

Send Communications regarding well to:

Title _____

Name **S. P. Yates**

Address **309 Carper Bldg., Artesia, N. M.**