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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

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 40 m. 172 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 Sept. 9, 1963.
(Place) (Date)

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

Martin Yates, III Silbey, Well No. 1, in NE 1/4 SE 1/4,
(Company or Operator) (Lease)

I Unit Letter Sec. 19, T. 19S, R. 38E, NMPM, Wildcat Pool

Lee County. Date Spudded 7-30-63 Date Drilling Completed 8-16-63

Please indicate location:

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

760/E, 1980/S

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>325</u>	<u>200</u>
<u>5 1/2"</u>	<u>4461'</u>	<u>665</u>
<u>2 3/8</u>	<u>4170</u>	

Elevation 3592.3 Total Depth 4461 PBTD 4452

Top Oil/Gas Pay 4205 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 4176', 4219.5', 4231', 4245', 4261', 4431'.

Open Hole none Depth 4461 Casing Shoe 4461 Depth 4170 Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 46 bbls. oil, 73 bbls water in 24 hrs, _____ min. Choke Size Pump.

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): 500 gals acid at 4431', 500 gals, 4205-4264

Casing Press Pump Tubing Press Pump Date first new oil run to tanks 9-9-63

Oil Transporter McWood Corporation

Gas Transporter _____

Remarks: _____

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

Approved: _____, 19 _____

Martin Yates, III
(Company or Operator)

By: Nels Bender
(Signature)

OIL CONSERVATION COMMISSION

by: _____

Title _____

Title Bookkeeper

Send Communications regarding well to:

Name Martin Yates, III

323 Carper Building,

Address Artesia, New Mexico