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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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AUG 18 1966

O. C. C.  
ARTESIA, OFFICE

Operator Yates Petroleum Corporation	
Address 309 Carper Building - Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Incompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE	
Lease Name State "AX"	Well No. 1 Pool Name, including Formation <del>4 mile Draw S.A.</del> <sup>Permian</sup> <del>Y.</del> <sup>San Andres</sup> Kind of Lease State, Federal or Fee State
Location Unit Letter H, 2310 Feet From The North Line and 330 Feet From The East Line of Section 4, Township 19S, Range 25E, NMPM, Eddy County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit H, Sec. 4, Twp. 19S, Rge. 25E	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA	
Designate Type of Completion - (X) Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>	
Date Spudded 6-15-66	Date Compl. Ready to Prod. 8-17-66
Pool 4 mile Draw S.A.	Name of Producing Formation Yeso - San Andres
	Total Depth 2520
	Top Oil/Gas Pay 2160
	Tubing Depth 2439
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
6-3/4"	4 1/2"	1055	290
3-7/8"	2" EUE	2439	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks 8-18-66	Date of Test 8-17-66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 24 BOPD (S. Test)	Oil-Bbls. 24	Water-Bbls.	Gas-MCF TSTM

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
<div>Richard C. Norman (Signature) Geologist (Title) 8-18-66 (Date)</div>	

OIL CONSERVATION COMMISSION	
APPROVED	AUG 19, 1966
BY	M. L. Armstrong OIL AND GAS INSPECTOR
TITLE	
This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.	