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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	
PRORATION OFFICE	

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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APR 15 1970

D. C. C.

ARTESIA, OFFICE

I. Operator **Yates Drilling Co.**

Address **207 South 4th Street, Artesia, New Mexico 88210**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) *from the Permian Cont.*
Change lease name from Federal M Oil Co. Inc.

If change of ownership give name and address of previous owner **Hendo Oil & Gas (previously Walt Shirey - Federal M #1)**
Box 173 Low Hills N. Mex.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Anderson	Well No. 6	Pool Name, Including Formation West McMullan (On. S.R.)	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter J ; 1650 Feet From The South Line and 1650 Feet From The East Line of Section 11 Township 20-S Range 26-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Co.	Address (Give address to which approved copy of this form is to be sent) 414 Mid-America Bldg., 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 J	Sec. 11
	Twp. 20S	Rge. 26E
	Is gas actually connected? No	
	When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>							
Date Spudded 7-28-61	Date Compl. Ready to Prod. 9-19-61		Total Depth 1837		P.B.T.D. 645			
Elevations (DF, RKB, RT, GK, etc.) 3260 GR.	Name of Producing Formation 2nd Queen		Top Oil/Gas Pay 520		Tubing Depth			
Perforations 520-532 Tr. 250 g. Acid,		SOF35000#		in 23000 g.		Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10	8-5/8		396		150 Sx			
7-7/8	5-1/2		855		300 Sx			

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	Date of Test 4-10-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 2	Oil-Bbls. 2	Water-Bbls. None	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 (Shut-in)	Casing Pressure (Shut-in)	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.

Eddie W. Gressett
(Signature)

Petroleum Engineer

(Title)

4-14-70

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 17 1970**, 19
BY *W. P. Gressett*
TITLE **OIL AND GAS INSPECTOR**

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 only Sections I, II, III, and VI 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.