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U.S.A.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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

Operator
Yates Drilling Company

Address
105 South Fourth Street, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of:		
Recompletion ☐	Oil ☒	Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐	

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name		1	Wildcat	State, Federal or Fee	NM-23741
Nageezi Federal				Federal	
Location					

Unit Letter F : 1900 Feet From The North Line and 2150 Feet From The West
Line of Section 19 Township 23N Range 8W , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒ or Condensate ☐		#2 Inverness Drive East, Englewood, Colo 80112	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)	

Is well producing oil or liquids, and location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	19	23N	8W	No	

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

COMPLETION DATA		Off Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
Designate Type of Completion - (X)									
Is Studded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Sections (DF, RAB, etc., GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Iterations				Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE ON 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	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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OIL CON. DIV.

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

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.

Loren J. Lashman
(Signature)
Production Clerk
(Title)
8-6-87
(Date)

OIL CONSERVATION COMMISSION
AUG 07 1987

APPROVED Frank J. Dwyer
BY
SUPERVISOR DISTRICT #3

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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for use on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.