I IUTION SANTA FL FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS	REQUEST F	INSERVATION COMMISSION FOR ALLOWABLE AND ISPORT OIL AND NATURAL G	Form C-104 Superseder Old C-104 and C- Ellactive 1-1-65 AS
OPERATOR			か.
Operator Yates Drilling	Company	. • .	M 3 -
	Street, Artesia, N.M. 8821	0	1
Reuson(s) for filing (Check proper bo	Change in Transporter of:	Other (Please explain)	21 1985
Recompletion	Oil Dry Gas Casinghead Gas Condens	OC,	
Change in Ownership	Castudaed Cas Contains	inte []	<u> </u>
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND Lease Name	Weil No. Pool Name, Including Fo		
Axem Federal	1 Wildcat Mul	Store, Federa	Federal NM-2583
= ' '	42 Feet From The South Line	and 344 Feet From 7	The West
Line of Section 18 To	ownship 23N Range	8W , NMPM, San	Juan Count
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	s	
Name of Authorized Transporter of Oil 😨 or Condensate		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001	
The Permian Corpora Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent;
A so Marida	Unit Sec. Twp. P.ge.	ls gas actually connected? Wh	en .
If well produces oil or liquids, give location of tanks.	M 18 23N 8W	No	
COMPLETION DATA	Oil Well Gas Well	New Well Wrikover Deepen	Plug Back Same Resty, Diff. Fe
Designate Type of Complet	Date Compl. Ready to Prod.	X i i i iii	P.B.T.D.
Date Spudded 7-31-85	9-10-85	5030'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Gallup	Tep Oil/Gas Pay , 4707'	Tubing Depth 4655
Perforations	· ·		Depth Casing Slice 5030*
4707'-4941'	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	a DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	243'	180 sxs. 995 sxs.
7 7/8"	4 1/2"	5030'	995 SXS.
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or excited topic
Oll, WELL Date First New Oil Run To Tanks	able for this de	pth or he for full 24 hours) Producing Method (Flow, pump, gas i	ift, etc.)
9-10-85	10-4-85	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs. Actual Prod. During Test	Oil-bbis.	20# Water-Eble.	Gas-MOF
37	35	2	10
GAS WELL	Length of Test	Ebls. Conden. ale/MMCF	Gravity of Condensate
Actual Proa, Test-MCF/D			Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Ehrunia)	
I. CERTIFICATE OF COMPLIA	INCE		OCT 21 1985
I hereby certify that the rules and regulations of the Gil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by FRANK T. CHAVEZ	
		SUPERVISOR DISTRICT 第 3	
Karen J Leishman		This form is to be filed in compliance with RULE 1103. If this is a request for allowable for a nawly diffied or disconnected by a recommended by a februaries of its	
Production Clerk (Tide)		tests token on the well in accordance with found it. All rections of this form must be filled out complete to this on new and recompleted wells.	
•	(* ***** /	Chica cit tiene and constitue	er tre and 10 for chances of

Fill out only Sections I. H. III. and VI for changes of well name or number, or transporter, or other such change of a const

(Date)

10-18-85