

NEW MEXICO OIL CONSERVATION COMMISSION
DISTRIBUTION
SANTA FE
FILE
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
AUG 11 1968

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-68

I. **Yates Petroleum Corporation**
207 S. 4th St. , Artesia, New Mexico
Reasons for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner **Harvey E. Yates 112 N. First, Artesia, New Mexico**

II. **DESCRIPTION OF WELL AND LEASE**
Lease Name **Sweeney Federal** Well No. **1** Pool Name, including Formation **Querecho Plains-Delaware** Kind of Lease **Fed.**
Location:
Unit Letter **C** **660** Feet From The **North** Line and **1980** Feet From The **West**
Line of Section **25** Township **18S** Range **32E** NMPM, **Lea** County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS** **SCURLOCK PERMIAN CORP EFF 9-1-91**
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation **P. O. Box 3119, Midland, Texas 79701**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
None
If well produces oil or liquids, give location of tanks. Unit **C** Sec. **25** Twp. **18S** Rge. **32E** Is gas actually connected? ☐ 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 Restv. Diff. Restv.
Date Spudded Date Compl. Ready to Prod. Total Depth Fm. T.D.
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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)
Rate (Barrel Flow Oil From 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
GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MCF 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.
Engineer
8-5-68
OIL CONSERVATION COMMISSION
APPROVED **10 1968**
BY **JOHN B. BERRY**
TITLE **SECRETARY**
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