

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

DISTRIBUTION
SANTA FE
FILE
U.S.G.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

FEB 7 11 44 AM '67

I. OPERATOR
John A. Yates
Address
323 Corner Building, Artesia, New Mexico.
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Dry Gas ☐
Recompletion ☐ Oil ☐
Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒
If change of ownership give name and address of previous owner
Don Angle, 510 West Texas, Artesia, New Mexico.

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Angie State
Well No. 1 Pool Name, including Formation Vacuum (G-S.A.)
Kind of Lease State, Federal or Fee State
Location
Unit Letter C 1980 Feet From The West Line and 660 Feet From The North
Line of Section 9 Township 17 South Range 34 East NMPM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corporation
Address (Give address to which approved copy of this form is to be sent)
3119 (Box) Midland, Texas.
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None
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 C Sec. 9 Twp. 17S Rge. 34E Is gas actually connected? No When

IV. COMPLETION DATA
If this production is commingled with that from any other lease or pool, give commingling order number:
Designate Type of Completion - (X)
Date Spudded Date Began to Prod. Total Depth P.S.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)
Lane Final Date To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Flowing Test Oil-Bbls. Water-Bbls. Gas-MCF
GAS WELL
Actual Flowing Test-MCF Length of Test Bbls. Condensate/MCF Gravity of Condensate
Testing (Flow, pump, gas lift, etc.) Tubing Pressure Casing Pressure Choke Size

VI. CERTIFICATION OF COMPLETION
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.
Signature
Title
Date

OIL CONSERVATION COMMISSION
APPROVED
TITLE
This form is to be filed in compliance with RULE 111.
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