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TRANSPORTER	OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/>
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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AUG 8 1974

Operator Yates Petroleum Corporation	
Address 207 South 4th Street - Artesia, NM 88210	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain)	

If change of ownership give name
and address of previous owner

D. C. C.
ARTESIA, OFFICE

I. DESCRIPTION OF WELL AND LEASE

Lease Name Achen-Frey "DM"	Well No. 3	Pool Name, Including Formation and Eagle Creek San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter 'N' ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 13 Township 17S Range 25E , NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 1216 Vaughn Bldg. Midland, TX 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 207 So. 4th Street-Artesia, NM 88210			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 14	Twp. 17S	Rge. 25E
Is gas actually connected?		When		
Yes		7-23-74		

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-10-74	Date Compl. Ready to Prod. 7-23-74		Total Depth 8430'		P.B.T.D. 1536'			
Elevations (DF, RKB, RT, GR, etc.) 3452' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 1335'		Tubing Depth 1476'			
Perforations 1335-1501'					Depth Casing Shoe 1536'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8" 48#		335'		200 sx			
12 1/4"	8-5/8" 24#		1192'		780 sx			
7-7/8"	4 1/2 & 5 1/2" 9.5 & 15.5#		1536'		250 sx			
	2" EUE		1476'					

VI. 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 7-23-74	Date of Test 8-1-74	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 31.4	Oil - Bbls. 19.9	Water - Bbls. 11.5	Gas - MCF 13.2

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

VII. 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 M. Mahfood
(Signature)

Eddie M. Mahfood - Engineer
(Title)

8-8-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 9 1974**, 19
BY *W. A. Grasset*
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.