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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

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

NOV 1 1972

Operator Yates Petroleum Corporation		ARTESIA, OFFICE	
Address 207 South 4th Street - Artesia, NM 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 ☐	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Federal CL	Well No. 1	Pool Name, including Formation Sulimar Queen	Kind of Lease NM 0284972 State, Federal or Fee Fed.	Lease No.
Location Unit Letter A ; 330 Feet From The North Line and 330 Feet From The East Line of Section 34 Township 15S Range 29E , NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Pipeline Div.	Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave. Artesia, NM					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Phillips Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 27	Twp. 15S	Rge. 29E	Is gas actually connected? Yes	When 9-21-72

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	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

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	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/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Eddie M. [Signature]
(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

NOV 1 1972
APPROVED _____, 19_____
BY [Signature]
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.