NO. OF COPIES RECE	NO. OF COPIES RECEIVED		4						
DISTRIBUTION									
SANTA FE									
FILE									
u.s.g.s.									
LAND OFFICE									
TRANSPORTER	OIL	1							
	GAS								
OPERATOR									
PRORATION OFFICE		<u> </u>	<u> </u>						
Yates Petrolet									
Address 207 South 4th									
	Reason(s) for filing (Check proper box								
	(Check)		New Well						
Reason(s) for filing	(Check								
Reason(s) for filing	(Check)								
Reason(s) for filing (

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

ı	R English
	Form C 4014 Supersedes Olf C-104 and C-116 MAINTERNATION 1-1-65
S	36 in-

	u.s.g.s.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	IRANSPORTER OIL	AN CONTROL				
	GAS OPERATOR			A, DEFICE		
	PRORATION OFFICE					
-	Operator Yates Petroleu	m Corporation				
	Address		0.0.2.2.0			
		Street - Artesia NM	88210			
	Reason(s) for filing (Check proper box) New We!!	Change in Transporter of:	Other (Please explain) (A	5 Mest NOT BE 7-24-72		
	Recompletion	Oil Dry Gas	UNLESS AN EXC	EPTION TO R-4070		
	Change in Ownership	· · · · · · · · · · · · · · · · · · ·				
	If change of ownership give name and address of previous owner		Ex#2-			
	•	LEACE				
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease				1 - 1		
	Federal CL	2 Sulimar Que	en State, Federal of Fee 3 cd. 1.110234972			
	Location / P 930	Feet From The South Line	and 330 Feet From	The East		
	Line of Section 27 Tow	mship 15S Range 2	29E , _{ммрм} , Cha	Ves County		
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of Oil		Address (Give address to which appro 1216 Vaughn Bldg.,	4		
	Scurlock Oil C Name of Authorized Transporter of Cas		Address (Give address to which appro	ved copy of this form is to be sent)		
			and			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 27 158 29E	Is gas actually connected? Wh	en		
	<u></u>	h that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA	Oii Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	on - (X)	X			
	Date Spudded 4-3-72	Date Compl. Ready to Prod. $5-24-72$	Total Depth 2137	P.B.T.D. 2120'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3850' GK	Queen	1859,	2090 Depth Casing Shoe		
	Perforations 185	59-1861		2120		
			CEMENTING RECORD			
	HOLE SIZE	8 5/8"	326	SACKS CEMENT		
	104"	5½") Tapered	475' / 2120'	/ 2		
		7")	1643')			
	TEST DATA AND REQUEST FO	2"	2090	and must be equal to or exceed top allow-		
V.						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	iji, etc.)		
	5-24-72 Length of Test	5-25-72 Tubing Pressure	Pumping Casing Pressure	Choke Size		
	2.4			Gas - MCF		
	Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gd8 * MCF		
		<u> </u>	<u> </u>			
	GAS WELL		Bbls, Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	BDIS. CORDENSALOY MIMICE	Gravity of condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	CONTRACTOR OF COMPLIANCE	OF.	OIL CONSERVA	ATION COMMISSION		
VI.	VI. CERTIFICATE OF COMPLIANCE		ARREQUED MAY 3) 1972		
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.			APPROVED MIA	, 19		
			BY (1. 1. 1.	isseix		
		TITLE	AS MET PROPER			
≤ 0.6			This form is to be filed in	compliance with RULE 1104.		
Eddie M. Manfood - Engineer		" this form must be accomp	wable for a newly drilled or deepened anied by a tabulation of the deviation			
		well, this form must be accompanied by a table to the tests taken on the well in accordance with RULE 111.				

(Title)

(Date)

5-26-72

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