

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE **RECEIVED**
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUL 14 1972

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

O. C. C.
ARTESIA, OFFICE

I. Operator
Yates Petroleum Corporation

Address
207 South 4th Street - Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 9-6-72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
at 2-8-72

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "CL"	Well No. 4	Pool Name, Including Formation Sulimar Queen	Kind of Lease State, Federal	Lease No. Fed.NM0284972
Location Unit Letter P ; 330 Feet From The East Line and 330 Feet From The South Line of Section 27 Township 15S Range 29E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining-Pipeline Division	Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave. - Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 AP	Sec. 34	Twp. 15S	Rge. 29E	Is gas actually connected? No	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-8-72	Date Compl. Ready to Prod. 7-6-72	Total Depth 1912'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3872' GR	Name of Producing Formation Sulimar Queen	Top Oil/Gas Pay 1845½'	Tubing Depth 1825					
Perforations 1845½-1858	Depth Casing Shoe 1912'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10¼"	8-5/8"	307'	150 SX					
8"	5½" Tapered	444' 1912'	150 SX					
	7" EUE	1464'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks 7-6-72	Date of Test 7-10-72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 92	Oil-Bbls. 92	Water-Bbls. -0-	Gas-MCF 42

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

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.

Eddie M. Mahfood - Engineer

7-13-72

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 14 1972**, 19____

BY **W. A. Gressett**
TITLE **ALLOWABLE GAS INSPECTION**

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 tested wells.