	-				
NO. OF COPIES RECEIVED 14					
DISTRIBUTION	NEW MEXICO OIL, CO	ONSERVATION COMMISSION	Form C-104		
SANTA FE	1	DECLIEST FOR ALLOWARIE Supersed			
FILE	AND FOR FOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
U.S.G.S.	AUTHORIZATION TO TRA	AS			
LAND OFFICE					
IRANSPORTER OIL		JUN 1 5 H			
GAS					
OPERATOR		C . C. C.			
PRORATION OFFICE		ARTESIA, OFF			
Yates Petroleur	n Corporation				
Address	•o=ps=•o=s				
207 South 4th S	Street - Artesia, NA	4 88210			
Reason(s) for filing (Check proper box		Other (Please explain)			
New Well	Change in Transporter of:	_			
Recompletion	Oil Dry Ga		, *		
Change in Ownership	Casinghead Gas Conden	sate Trom Permian	lorg		
If change of ownership give name and address of previous owner	Johnny Achen - 1	104 Runyan Street - P	Artesia, NM 88210		
and address of previous owner					
II. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fe	ormation Kind of Lease	Lease No.		
Lease Name	Well No.; Pool lading, mercaning .	Eagle Creek State, Federal	_		
Frey	1 San Andres	24920			
Location	980 Feet From The South Lin	. 660	East		
Unit Letter;;	Feet From The Doddin Lin	ne and Feet From 1	110		
14 70	waship 17S Range	25E , NMPM, Eddy	County		
Line of Section 13	waship 1/5 Hange				
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS			
Name of Authorized Transporter of Ot	or Condensate				
Scurlock Oil C	ompany	1216 Vaughn Bldg - Address (Give address to which approv	Midland, TX 79701		
Name of Authorized Transporter of Co	nsinghead Gas or Dry Gas	Address (Give address to which approv	rea copy of this form is to be sens,		
		Le gas actually connected? Whe	N7		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	13 945 4512511,	· ··		
give location of tanks.	I 14 17S 25E	no			
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:			
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
Designate Type of Complet					
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudded	Date Compartment,				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RRB, RT, GR, etc.)					
Perforations			Depth Casing Shoe		
Periorations					
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			 		
			A second		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil depth or be for full 24 hours)	and must be equal to or exceed top altor		
OIL WELL		Producing Method (Flow, pump, gas li	ift, etc.)		
Date First New Oil Run To Tanks	Date of Test				
	Tubing Pressure	Casing Pressure	Choke Size		
Length of Test	Tubing Pressure	•			
	Oil-Bbls.	Water - Bbls.	Gas-MCF		
Actual Prod. During Test	J				
		1			

Length of Test

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)

Eddie M. Mahfood

6-13-72

Tubing Pressure (Shut-in)

GAS WELL

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

APPROVED	يادين ي	أن س	1972		, 19
	a.	L	riss	rett	
BY	<u> </u>			-มากาล	
TITLE				15 1 3 15 L	

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 allow-able 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