NO. OF COPIES RECEIVED		3	
DISTRIBUTION			
SANTA FE			
FILE			-
U.S.G.S.			L-
LAND OFFICE			ļ
TRANSPORTER	OIL	1	ļ
	GAS	1.	
OPERATOR			
			1

## NEW MEXICO OIL CONSERVATION COMMISS. ...

Form C-104

}	DISTRIBUTION SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
+	FILE		AND			
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			3			
İ	LAND OFFICE DELVED					
	TRANSPORTER GAS					
OPERATOR APR 1 8 1974						
1.	PRORATION OFFICE					
	Yates Petroleum Corporation V O.C.C.  ARTESIA, OFFICE					
	Address		ARTESIA, OFFICE			
	Artosia NM 88210					
Reason(s) for filing (Check proper box)						
	Change in Transporter of: CASINGHEAD GAS MUST NOT BE					
Recompletion OII FLARED AFTER 6-10-74						
	Change in Ownership		IS OUTAINED	EPHON TO Rad 306		
	If change of ownership give name and address of previous owner		15 00170.000			
	Lease No.					
II. DESCRIPTION OF WELL AND LEASE    Well No. Pool Name, Including Formation   Kind of Lease     Lease Name   State, Foldersh for Fee   State				6:/F/e/ State K-4042		
	State "DF"  1					
	Location					
	Unit Letter / D ; 660	Feet From The NOT CIT Line				
	Line of Section 35 Town	ship 17S Range	24E , NMPM, Edd	dy County		
			,			
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS Or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Oil	4	No. Freeman Ave - Address (Give address to which approv	Artesia, NM 88210		
	Navajo Crude Purcha	nghead Gas or Dry Gas				
	Yates PetroleumCorp	)		et - Artesia, NM 8821		
	If well produces oil or liquids,	Unit Sec. Twp. Hge.	No Ves	5-9-74		
	aire location of tanks.	eive location of tanks.				
	If this production is commingled with	f this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  COMPLETION DATA				
IV	. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Suite Hes 1.		
	Designate Type of Completio	n - (X) $X$ $1$	Total Depth 075 8269	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.		0155		
	2-28-74	A-10-74  Name of Producing Formation	COTD 8195 Top Oil/Gas Pay	8155 Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Canyon	6595	6565		
		L		Depth Casing Shoe 8191		
	6595-6	6595-6600 & 6742-6750'				
			DEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	125'	250		
	15"	8-5/8"	1795'	1100		
	7-7/8"	415"	8191	820		
	7-1/8	1 OH DITI	6565	to allow a second top allows		
V. TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceable for this depth or be for full 24 hours)						
OII. WELL Producing Method (Flow, pump, gas tift, etc.)						
	Date First New Oll Hun 10 Tunks 4-10-74	4-17-74	Pumping	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	_		
	24		Water-Bbls.	Gas-MCF		
	Actual Prod. During Test	011-Bols. 9.66	246	129		
	255.6					
				Gravity of Condensate		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Contents		
		(2) (2)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				
		VCE.		ATION COMMISSION		
VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation given			APR 2 6 19	APR 2 6 1974		
			APPROVED	Gressett		
	I hereby certify that the rules and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  (Signature)		BY	wow.		
			TITLE OIL AND GAS INSPEC	TOB		
				TITLE VIL ARV BAN INVIEW This form is to be filed in compliance with RULE 1104.		
			This form is to be filed in compliance with the filed or deepened 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 weil in accordance with RULE 111.			
	(Signal and Mahfood	inature)		must be filled out completely for allow		

Eddie M. Mahfood (Title) 4-18-74-

(Date)

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