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DISTRIBUTION		SERVATION COMMISSION	Form. C-104	
SANTA FE			Supersedes Old C-104 and C-110 Effective 1-1-65	
, # .LE ,		AND		
LAND OFFICE	AS(THORIZATION TO TRAN	SPORT OIL AND NATURAL GA	S RECEIVED	
			JUL 5 1353	
CRANSPORTER	· ·		JUL 5	
OPERATOR			Q. D. 1203	
I. PROBATION OFFICE			ATERIA, OFFICE	
Yates Petrole	eum Corporation V		OFFIC:	
$\frac{1}{A_{\rm output}}$ 207 So 4th	St Artesia, New Mexi	co 88210		
Reason(s) for thing (Check proper		Other (Please explain)		
new Well	Change in Transporter of:			
Event on prestants	Cri Dry Gas			
le provinski v Wiestalist,l	Casinghead Gas Jondens			
If change of ownership give nat				
and address of previous owner.				
II. DESCRIPTION OF WELL A	ND LEASE Well No. : Pool Name	e, Including Formation	Kind of Lease	
Lense Mano	Undes		State, Federal or Fee Fee	
Eagle Creek "BL'				
Unit Letter N ;	L650 Feet From The West Line	and Feet From Th	e South	
	, Tawnship 17S Range 25	E , NMPM, Eddy	County	
Line of Syntian 23	, Tewnship Teinge			
III. DESIGNATION OF TRANSI	PORTER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)	
Nume of Authorizea Transporter (of Cil 🔀 or Condensate 🔄	Address (Give address to writer approve		
Scurlock Oil Cor Name of Authorized Transporter	npany of Casinghead Gas or Dry Gas	414 Mid America Bldc Address (Give address to which approve	ed copy of this form is to be sent)	
If well preinces of or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give log nion of turks.	N 23 17 25	NO		
If this production is commingle	ed with that from any other lease or pool, g	give commingling order number:		
IV. COMPLETION DATA	(V)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Com		X Total Depth	P.B.T.D.	
5-23-68	Date Compl. Ready to Prod. 6-30-68	1500(Driller's)	1470'	
Undes. Eagle	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Creek S.A.	San Andres	1300'	1300 ' Depth Casing Shoe	
1300-10, 1317-27, 1344-52', 1366-76			1492'	
	TUBING, CASING, AND	CEMENTING RECORD	· · · · · · · · · · · · · · · · · · ·	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
9-7/8"	7"	1192'	450	
7-7/8"	555" 2 3/8"	1492'		
			<u>]</u>	
V. TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil o pth or be for full 24 hours)	ind must be equal to or exceed top allow	
OIL WELL Easter First New Oil Bun To Tan	uove joi timo 11	Producing Method (Flow, pump, gas lif		
6-30-68		Pumping	Chaira Siza	
E-SU-00 Leadth of Test	7-2-68 Tubing Pressure	Casing Pressure 20#	Choke Size Open	
24 Actual from coming Cont	20 ¹¹	Vater-Bbls.	Gas-MCF	
, 82	58	24 LW	TSTM	
GAS WELL	The set of The st	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Proa. Test+MOF/D	Length of Test			
Testing Methors (pitot, back pr.	/ Tubing Pressure	Casing Pressure	Choke Size	
		1 		
VI. CERTIFICATE OF COMP	LIANCE	OIL CONSERVA	TION COMMISSION	
		APPROVED	. 19	
Commission bring hours com	s and regulations of the Oil Conservation plied with and that the information given		esset	
above is true and complete	to the best of my knowledge and belief.	BT		
		TITLE JIL AND GA		
$\int 2 - 2A = 1$	1 - i	This form is to be filed in	compliance with RULE 1104.	
(Signature)		If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
Engineer		tests taken on the well in acco	rdance with RULE 111. ast be filled out completely for allow	
	(Title)	able on new and recompleted w	ells.	
7-2-68	(harro)	well name or number, or transport	, and VI only for changes of owne ter, or other such change of conditio	
	(Date)	Separate Forms C-104 mus	st be filed for each pool in multip	

Fill out Sections I. II, III, and VI only for changes of owned well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiple completed wells.