~		-			
-	NO. OF COPIES RECEIVED			Form C-104	
-	DISTRIBUTION		INSERVATION COMMISSION	Supersedes Old C-104 and C-110	
-	FILE	REQUENTI	AND	Effective 1-1+65	
	U.S.G.S.	AUTHOPIZATION TO TRA	SPORT OIL AND NATURAL G	AS	
e'.	LAND OFFICE	ACTRONICE FROM TO TRAI			
}					
F	OPERATOR 4				
	PROBATION OFFICE			APR 2 1 1969	
	Cperator	/		•	
	Yates PetroleumCorpa	ation		0, <u>C</u>, <u>C</u>,	
ŀ	Address	Artonia Noul	Mexico 88210	ARTEBIA, OFFICE	
	207 So. 4th Stree	t - Allesia, New I		· · · · · · · · · · · · · · · · · · ·	
Ì	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil The Dry Gas			
	Change in Ownership	Casinghead Gas Conden	sate		
•					
	If change of ownership give name and address of previous owner				
п.	. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease				
1	Lease Name Weil No. Pool Canet S. A. State, Federal or Fee Fee				
	Mitchell 1 Eagle Creek S.A. Frideral or ree ree				
	Location				
	Unit Letter J ;2310 Feet From The South Line and 2310 Feet From The East				
	22 176 $25F$ Eddy				
	Line of Section 23 , Township 17S Range 25E , NMPM, Eddy County				
ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Oil		414 Mid-America B	ldg Midland, Tex	
	Scurlock Oil Company		Address (Give address to which appro	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Casi	nghead Gas 🔄 or Dry Gas 📃	Address forre searces et an et a		
		Unit Sec. Twp. Rge.	Is gas actually connected? Wh	nen	
	If well produces oil or liquids,				
give location of tanks. J 23 175 23E NO				,,, _,, _	
If this production is commingled with that from any other lease or pool, give commingling order number:					
IV. COMPLETION DATA				Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion		X		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded		1505'		
	1-28-69	3-25-69 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Pool	San Andres	1366'	1300'	
	Eagle Creek S.A.	Sall Andres		Depth Casing Shoe	
	3/1366-67'; 7/1379-8	32': 12/1401-07'; 3/	1415-16'	1505	
	TUBING, CASING, AND CEMENTING RECORD				
	101 E \$17E	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	10-3/4" 30#	92'	25	
	9-7/8"	7" 20#	1169'	1025	
	6 ¹ 4"	44 & 52" 11#&15.5	5# 1505'	250/00	
	0.4				
•	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top				
v	OIL WELL	able for this d	lepth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	(ijf, etc.)	
	3-25-69	4-18-69	Pumping	Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
	24			Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	TSTM	
	45	30	15 LW	1011	
	GAS WELL		Bbls, Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	BBIS, CONCENSALEY MANOF		
		The bing Drooping	Casing Pressure	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure			
				ATION COMMISSION	
V	I. CERTIFICATE OF COMPLIAN	CE			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED APR 22 1969 . 19		
				hanna	
	above is true and complete to th	e best of my knowledge and belief		V WILLIN	
	-		TITLE	AND GAS INSPECTOR	
	m+ Co.				
			This form is to be filed in compliance with RULE 1104.		
	III LUSING CONTY		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		
	() the second		to an each of the well in accordance with RUCE (1).		
	Agent		All sections of this form	All sections of this form must be filled out completely for allow-	
	(<i>Title</i>)		able on new and recompleted wells.		
	4-21-69		Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.		
	(1	(ate)	well name or number, or transporter, or other such change of construction Separate Forms C-104 must be filed for each pool in multiply		
			completed wells.		
			a completed werea		

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