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SANTA FE			
FILE		i	
U.S.G.S.			<u> </u>
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR			
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE		OR ALLOWABLE		Effective lalass	C-104 and C-110	
FILE /	AUTHORIZATION TO TRAI	AND SPERFOR AND NATURAL GAS				
LAND OFFICE	- AUTHORIZATION TO THAT					
TRANSPORTER GAS GAS		FEB 2 8 1973				
OPERATOR		O. C. C.				
PRORATION OFFICE Operator		ARTESIA, OFFIC	E			
Yates Petrole	eum Corporation			<del></del>		
Address	Street - Artesia, NM	88210				
Reason(s) for filing (Check proper ba	)x)	Other (Please	explain)			
New Well	Change in Transporter of:			and C		
Recompletion	Oil Dry Gas Casinghead Gas Conden		insport C	asingnead G	= 5	
Change in Ownership		•				
If change of ownership give name and address of previous owner					<u> </u>	
DESCRIPTION OF WELL ANI	LEASE		Tree de de la comb	40363.11	Lease No.	
Lease Name	Well No. Pool Nume, mercaning i		Kind of Lease		Lease No.	
Federales BO	1 Eagle Creek	S.A.		2 5 4	4	
Unit Letter / D ; 9	90 Feet From The Lorth Lin	e and 990	Feet From The	West		
			. Eddy		County	
Line of Section 23	Cownship 17S Range 2	5E , NMPN	1, Eucy		County	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	Address (Give address	to which approve	d cary of this form is to	o be sent)	
Name of Authorized Transporter of C	or Condensate	1216 1/21100	n 0146-214	aland my 7	3703	
Scurlock Oil Co	mpanV Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address 257 Ac. 4t	to which approved	d copy of this form is t	o be sent)	
Name of Authorized Transporter of C	un Corporation	207 Ac. 41	L- Alleir-	ullia MM	7 73 210	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec	ted? When			
give location of tanks.		J	er number:	•.		
If this production is commingled . COMPLETION DATA	with that from any other lease or pool,		<del></del>	Plug Back   Same Res	'v. Diff. Res'v.	
Designate Type of Comple	tion - (X)	New Well Workover	Deepen	Plug Buck   Buille Hot	1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	- <u></u>	
Date Spudded				Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay				
Perforations		<u> </u>		Depth Casing Shoe		
	TUBING, CASING, AN	D CEMENTING PECO	IRD	· .		
HOLE SIZE	CASING & TUBING SIZE	DEPTH		SACKS CEN	MENT	
HOLE SIZE						
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total vo	lume of load oil a	nd must be equal to or	exceed top allou	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Fi	ow, pump, gas lift	, etc.)		
Date First New Oil Run 10 1 diks	24.0 0.7 100.7			0		
Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas - MCF		
Actual Prod. Dulling 100.						
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	ACF	Gravity of Condensat		
Actor ( tour )		(5)	<del></del>	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sh	uc-in)	Chore 5124		
VI. CERTIFICATE OF COMPLI	ANCE	OIL	CONSERVA	TION COMMISSIO	N	
		ADDDOVED	MAR 9 19/	ر المارية المارية الماري	, 19	
	and regulations of the Oil Conservation		P. S.			
I hereby certify that the fules and logistic commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		. BY				
		TITLE OIL AN	TITLE OIL AND GAS INSPECTOR			
$O(i-1)$ $1 \times 0$		This form is	to be filed in	compliance with RUL	E 1104.	
Zolihu M	Toldre In Malyhood			vable for a newly dri		
	(Signature)	tests taken on the	he well in accor	dance with RULE 1		

Eddie M. Maniood

2-3-73 (Date)

(Title)

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 completed wells.