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U.S.G.S.			 -
LAND OFFICE			
TRANSPORTER	OIL	1	ļ
	GAS		
		_	1

NEW MEXICO OIL CONSERVATION COMMISSION

form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

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ILE /	RELIET VELY AND NATURAL GAS			
s.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
AND OFFICE	DEC 2 5 1977			
OIL /				
RANSPORTER GAS	n. c . c.			
PERATOR 3	ARTESIA, OFFICE			
RORATION OFFICE		7		
erator	Cornoration			
Yates Pet	troleum Corporation 🗸			
207 South Fourth	n Street Artes	ia, New Mexico 8821	.0	
eason(s) for filing (Check proper box)		Other (Please explain)		
1 - 1	Change in Transporter of:			
ew We!l	Oil Dry Gas	<u> </u>	•	
completion	Casinghead Gas Condensat	te [_]		
hange in Owners				
change of ownership give name				
d address of previous owner			No	
ESCRIPTION OF WELL AND I	EASE Well No. Poor Name, Including Form	nation Kind of Lease	Lease No.	
ease Name	Gagles Creek	State, Federal o	Fee Fed.NM 054434	
Federal BQ	1 San Andres			
ocation	Feet From The NOTTH Line	and 2310 Feet From Th	_e _West	
Unit Letter C; 990	Feet From The			
0.7 m	waship 17S Fange 25	E , NMPM, EC	dy County	
Line of courter				
TON OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)	
DESIGNATION OF TRANSPOR	or Congenioare		, мidland Texas	
a sale Oil Com	pany	414 Mid-America Bide Address (Give address to which approve	ed copy of this form is to be sent)	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Vortices (Area page)		
**************************************	I Day	Is gas actually connected? When	3	
If well produces oil or liquids,	Unit sec. 1770 2577	NO		
lf well produces on or requestion of tanks.	C 27 178 25E			
station is commingled w	ith that from any other lease or pool, g	give comminging order name	Dlug Back Same Res'v. Diff. Res	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Dill. Nes	
Designate Type of Completi		X		
Designate Type of Compress	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded	12-26-70	1470'	Tubing Depth	
12-4-70		Top Oil/Gas Pay	1310	
Elevations (DF, RKB, RT, GR, etc.)	3	1341	Depth Casing Shoe	
3531 Gr	1000 1007	, 1392, 1407, 1416,	1470 1	
Perforations 1341-1343.			1	
1427-1428,	TUBING, CASING, AND	U CEMENTING II	SACKS CEMENT	
HOLE SIZE	TUBING SIZE	DEPTH SET 1150 *	450 sacks	
9 7/8"	CASING & TUBING SIZE	1450 1470	150 sacks	
64"	4½" and 5½"			
0.3	2 3/8"	1310'		
		after recovery of total volume of load of	and must be equal to or exceed top a	
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be			
A17 1853 1		Froducing Method (Flow, pump, gas	lift, esc.)	
Date First New Oil Run To Tanks	Date of Test	Pump		
12-26-70	12-26-70	Casing Pressure	Choke Size	
Length of Test	Tubing Pressure		Con VCT	
24 Hours	OU Phi-	Water - Bb.s.	Gas-MCF	
Actual Prod. During Test	On-Bbis.	20 Load Water	TSTM	
40 Bbls.	40			
			Gravity of Condensate	
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gidvity of Containing	
Actual Prod. Test-MCF/D		4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Choke Size	
The state of the s	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		
Testing Method (pitot, back pr.)			VATION COMMISSION	
	IANCE	OIL CONSER	VATION COMMISSION	
VI. CERTIFICATE OF COMPL		nf0	2 9 1970	
	and regulations of the Oil Conservation giv	on	essett	
I hereby certify that the rules	and regulations of the Off Condensition gives ied with and that the information gives the best of my knowledge and believes.	ef. BY	O LUDGE OF OF	
above is true and complete t	led with and that the information gro o the best of my knowledge and belie	OIF VIE 4.	S INSPECTOR	
			the second section of the second	
	$f = f \cdot f$	This form is to be filed	In compliance with RULE 1104.	
		re this is a request for a	Howable for a newly control the de	
Lattle to	(Signature)	well, this form must be seen	accelure with RULE iii.	
_	10.0	touca the form	must be filled out completely for	

(Title)

(Date)

Engineer

12-28-70

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

All sections of this form must be filled out completely for allow able on new and recompleted wells.