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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

JAN 18 1971

O. C. C.

ARTESIA, OFFICE

Operator Yates Petroleum Corporation	
Address 207 South 4th Street - Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	FLARED AFTER 3-14-71
Change in Ownership <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4079
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	IS OBTAINED

If change of ownership give name
and address of previous ownerException # 3-17
date 3-26-71

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gissler AV	Well No. 3	Pool Name, Including Formation Eagle Creek S.A.	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter E	2310	Feet From The North	Line and 990	Feet From The West	
Line of Section 23	Township 17S	Range 25E	NMPM,	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 414 Mid-America Bldg. Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 23	Twp. 17S	Rge. 25E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 12-17-70	Date Compl. Ready to Prod. 1-13-71		Total Depth 1450		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3511'	Name of Producing Formation San Andres		Top Oil/Gas Pay 1307'		Tubing Depth 1282'			
Perforations 1307-1309; 1331-1332; 1333-1342; 1370-1371; 1386-1387; 1393-1400					Depth Casing Shoe 1450			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	10 3/4"		100'		50 sx			
9 7/8"	7"		1150'		710 sx			
6 1/4"	5 1/2" & 4 1/2" (Tapered)		970' & 480' (1450)		150 sx			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1-13-71	Date of Test 1-14-71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 65	Oil - Bbls. 40	Water - Bbls. 25 BLW	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
Eddie M. Mahfood - Engineer(Title)
1-15-71

(Date)

OIL CONSERVATION COMMISSION

JAN 18 1971

APPROVED _____, 19____

BY W. A. Gussess
OIL AND GAS INSPECTOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

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 well in accordance with RULE 111.

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 tested wells.