	DISTRIBUTION			
	SANTA FE		ONSERVATION COMMISSION	Form C=104 Supersedes Old C=104 and C=110
	FILE		AND	Effective 1-1-65
	LAND OFFICE			
	RANSPORTER GAS	J	UN 2 5 1971	
	OPERATOR			
٤.	PRORATION OFFICE			
	Vates Petroleum Corporation ARTESIA, OFFICE Attress 207 South 4th Street - Artesia, New Mexico 88210 INTER 17/100000000000000000000000000000000000			
	Aurea 207 Capto Atb St	reet - Artesia, New	Mexico 88210	TIST NO.
	Reason(s) for filing (Check proper box)		Other (Please explain)	RASCING RAUT
	Tiew Well	Change in Transporter of:	GHE	AD TER SEPTION
	Becompletion	Oil Dry Gas	S CASINED	2-4-71
Thompe in Condensate Casinghead Gas Condensate The formation of the format				Et all
	if change of ownership give name		UNC	
	New Well Change in Transporter of: Herosompletion Oil Dry Gas CASINGHEAU (TER) TLARE Casinghead Gas Condensate UNIT Casinghead Gas If change of ownership give name and address of previous owner			
n.	DESCRIPTION OF WELL AND	LEASE Well No. Rool Nat	ne, Including Formation	Kind of Lease
	Gissler AV		gle Creek S.A.	State, Federal or Fee Fee
	Loration			
	Unit Letter _ G; 231	0 Feet From The North Line	e and <u>1650</u> Feet From 7	he East
	Line of Section 23 , Tow	_{vnship} 17S _{Range} 2	25E _{, NMPM} , Edd	iy _{County}
	Line cr Section 20 , 100	nange nange	, 1400k 100	
m.		FER OF OIL AND NATURAL GA	S	
	Remains A discrima Transporter of Cil		Address (Give address to which approx	
Sourlock Cill Company 414 Mid-America Bldg Name of Authorneod Transporter of Casinghead Gas or Dry Gas Address (Give address to which approv				
	If well rectures oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n
	give location of tanks.	F 23 175 25E		
If this production is commingled with that from any other lease or pool, give commingling order number:				
17.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	$\operatorname{on} = (X) \qquad X$	X	
	Date Spudded	Date Compl. Ready to Prod. 6-19-71	Total Depth 1478	P.B.T.D. 1470'
	5-23-71	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Eagle Creek S.A.	San Andres	1297 2	1272
	Perforations 4362, 1430, 14	201/2, 14081/2, 13971/2, 1377	,1362,1354,132812,	Depth Casing Shoe
	$1322, 1314\frac{1}{2}, 1297\frac{1}{2}, 1318, 1326, 1358, 1365, 1406, 1426, 1433, 1441\frac{1}{2}$ 1470			
		TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	10 3/4 32#	219'	80 sxs
	9 5/8"	711 76" 724	1147	450 sxs
	6 1/3"	7 2023 + 42'') 9.5 +	527')	125 sxs
			925.)	
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 allow- OIL WEIL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	ft, etc.)
	5-19-71	6-21-71	Pumping	Obeleo Size
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Astan Lauring Tost	Oil-Bbls.	Water-Bbls.	Gas-MCF
	33	25	13 BLW	TSTM
	GAS WELL Actual From Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	The and Method (pitet, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
	}	•	1	
VI	. CERTIFICATE OF COMPLIAN	CE		TION COMMISSION
	I hurdhy partify that the rules and	regulations of the Oil Conservation	APPROVED JUN 25 1971, 19	
	Commission have been complied	with and that the information given		
	above is true and complete to the best of my knowledge and belief.			
	i i	4	TITLE OIL AND GAS INSPECTOR	
	S = 1 I		This form is to be filed in compliance with RULE 1104.	
(Signature) (Signature) Lõdie M. Mähfood – Engineer			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.	
6-24-71			Fill out Sections I. II. III, and VI only for changes of owner.	

(Date)

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. Separate Forms C-104 must be filed for each pool in multiply completed wells.