

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Superseding Old C-104 and C-11 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		RECEIVED			
TRANSPORTER		APR - 2 1979			
OIL GAS		O. C. C.			
OPERATOR		ARTESIA, OFFICE			
PRODUCTION OFFICE		Operator			
		Yates Petroleum Corporation			
		Address			
		207 South 4th Street-Artesia, NM 88210			
		Reason(s) for filing (Check proper box)			
		New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>			
		Recompletion <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>			
		Change in Ownership <input type="checkbox"/>			
		Other (Please explain) <i>From Sec</i>			
		If change of ownership give name and address of previous owner			
		DESCRIPTION OF WELL AND LEASE			
		Lease Name: Gissler AV Well No.: 7 Pool Name, including Formation: Eagle Creek S. A. Kind of Lease: State, Federal or Fee Fee Lease No.:			
		Location: Unit Letter: M ; 330 Feet From The South Line and 990 Feet From The West			
		Line of Section: 23 Township: 17S Range: 25E , NMPL, Eddy County			
		DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
		Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Address (Give address to which approved copy of this form is to be sent): No. Freeman Ave-Artesia, NM 88210			
		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): 207 South 4th Street-Artesia, NM 88210			
		Yates Petroleum Corporation			
		If well produces oil or liquids, give location of tanks. Unit: F Sec: 23 Twp: 17S Rge: 25E Is gas actually connected? Yes When: 2-28-73			
		If this production is commingled with that from any other lease or pool, give commingling order number:			
		COMPLETION DATA			
		Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'tv. Diff. Res'tv.			
		Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.			
		Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth			
		Perforations Depth Casing Shoe			
		TUBING, CASING, AND CEMENTING RECORD			
		HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT			
		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 Date of Test Producing Method (Flow, pump, gas lift, etc.)			
		Length of Test Tubing Pressure Casing Pressure Choke Size			
		Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF			
		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			
		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.			
		APPROVED APR 4 - 1979			
		BY W. A. Gussert			
		TITLE SUPERVISOR, DISTRICT II			
		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.			