NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	/	
FILE	/	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	/	
TRANSPORTER 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

RECEIVED
JUN 4 1971
O. C. C.
ARTESIA, OFFICE

I. Operator

Yates Petroleum Corporation ✓

Address

207 South 4th Street - Artesia, New Mexico

Reason(s) for filing *(Check proper box)*

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-1-71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED

8-2-47
8-11-71

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Ingram Jackson BV	1	Eagle Creek S.A.	State, Federal or Fee Fee

Location
Unit Letter A ; 990 Feet From The North Line and 330 Feet From The East

Line of Section 27 , Township 17S Range 25E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Scurlock Oil Company	414 Mid-America Bldg., Midland, Tex.
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	27	17S	25E	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-16-71	6-1-71	DTD 1475', LTD 1485'	1460
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Eagle Creek S.A.	San Andres	1289'	1269'
Perforations 1422, 1417, 1411, 1395½, 1378, 1372½, 1368, 1324, 1300½, 1289, 1397, 1380½, 1376, 1370½, 1365, 1362½, 1326½, 1321½, 1302½.			**Depth Casing Shoe** 1475'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/8"	10 3/4" 32#	25[illegible]'	75 sxs
9 7/8"	7" 23#&20#	1191'	350 sxs
6½"	4½" 9.5#) Tapered	1475') Tapered	125 sxs
	5½" 15.5#)	)	

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 allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
6-1-71	6-3-71	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
93	78	15 BLW	TSTM

GAS WELL

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

(Title)

6-4-71
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 4 1971

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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

If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the 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 Sections I, II, III, and VI only for changes of well name or number, or transporter, or other such change.

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