

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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

RECEIVED

FEB 28 1973

Operator Yates Petroleum Corporation		D. C. C. ARTESIA, OFFICE	
Address 207 South 4th Street-Artesia, NM 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	To Transport Casinghead Gas	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

Lease Name Eagle Creek <del>BL</del>		Well No. 2	Pool Name, including Formation Eagle Creek S.A.	Kind of Lease State, Federal or Fee	Lease No. fee
Location Unit Letter <u>N</u> , 330 Feet From The <u>South</u> Line and 2310 Feet From The <u>West</u>					
Line of Section 23 Township 17S Range 25E, NMPM, Eddy County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil, <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Scurlock Oil Company		1216 Vaughn Bldg. - Midland, TX 79701			
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)			
Yates Petroleum Corporation		207 So. 4th Street - Artesia, NM 88210			
If well produces oil or liquids, give location of tanks.	Unit 1	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: \_\_\_\_\_

DESIGNATE TYPE OF COMPLETION - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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			

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	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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 MAR 9 1973	
Eddie M. Mahford - Engineer		BY W. A. Gressett	
(Signature)		TITLE OIL AND GAS INSPECTOR	
Eddie M. Mahford - Engineer		This form is to be filed in compliance with RULE 1104.	
(Title)		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.	
2-28-73		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Date)		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 completed wells.	