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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
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FEB 24 1973

Operator Yates Petroleum Corporation		O. 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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	To Transport Casinghead Gas
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Ingram Jackson BV	Well No. 3	Pool Name, including Formation Eagle Creek S.A.
Kind of Lease State, Federal or Fee		Fee
Location Unit Letter <u>B</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>		
Line of Section <u>27</u> Township <u>17S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	1216 Vaughn Bldg. - Midland, TX 79701		
Scurlock Oil Company		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	207 So. 4th Street - Artesia, NM 88210		
Yates Petroleum Corporation		G. BOX 2321 - MIDLAND, TX 79701	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 26	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		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
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.

Eddie M. Mahfood
(Signature)
Eddie M. Mahfood - Engineer
(Title)
2-28-73
(Date)

OIL CONSERVATION COMMISSION
MAR 9 1973
APPROVED _____, 19____
BY W. A. Grissett
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 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 completed wells.