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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

JUN 29 1971

Operator Yates Petroleum Corporation		O. C. C.
Address 207 South 4th Street - Artesia, New Mexico 83210		ARTESIA, OFFICE
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: 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"/>		Other (Please specify) CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-30-71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED 2-38 8-11-71

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McCaw BT	Well No. 2	Pool Name, including Formation Eagle Creek S.A.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter 'H' 2310 Feet From The North Line and 330 Feet From The East Line of Section 14 Township 17S Range 25E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 414 Mid-America Bldg, Midland, Texas					
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)					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 14	Twp. 17S	Rge. 25E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-9-71	Date Compl. Ready to Prod. 6-23-71	Total Depth log. 1476 1473'	P.B.T.D. 1475					
Elevations (DF, RKB, RT, GR, etc.) 3475' GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 1334'	Tubing Depth 1309'					
Perforations 1334, 1350, 1364, 1373, 1382½, 1401½, 1413, 1424½, 1434½, 1446½, 1457, 1469, 1361, 1369, 1377, 1407½, 1430½, 1441½, 1451, 1463.						Depth Casing Shoe 1476 DF 1463'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	10 3/4" 32#		514'		175 SXS			
9 7/8"	7" 20#		1166'		500 SXS			
6 1/8"	4½" 9.5# Tapered		525' 1463'		125 SXS			
	5½" 14#		928' 1476 DF					

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 6-23-71	Date of Test 6-28-71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 62	Oil-Bbls. 32	Water-Bbls. 30 BLW	Gas-MCF TSTM

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

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. Manfood*  
(Signature)

Eddie M. Manfood - Engineer  
(Title)

6-29-71  
(Date)

OIL CONSERVATION COMMISSION

JUN 30 1971

APPROVED \_\_\_\_\_, 19

BY *W. A. Gressett*

TITLE OIL AND GAS INSPECTION

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