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	NO. OF COPIES RECEIVED	-			
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION CO. SSION	Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE 1		AND	Effective I-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL O	SAS	
	LAND OFFICE	_			
	TRANSPORTER OIL	REC	SEIVED		
	GAS	_	- I VED		
I.	PRORATION OFFICE	JUN	291971		
	Operator		10/1		
	Yates Petroleum (Yates Petroleum Corporation			
	Address ARTESIA, OFFICE 207 South 4th Street - Artesia, New Mexicof Reason(s) for filing (Check proper bax) New Well X Change in Transporter of: Recompletion Oil Dry Gas				
	207 South 4th Str	ceet - Artesia, New M	Mexico	NIST NOT	
	Reason(s) for filing (Check proper box)		Other (Please explain)	AD GAS MUST NOT TER S 25 74 N EXCEPTION TO R.4076 N EXCEPTION TO R.4076	
	New Well	Change in Transporter of:	NUHE	AD FR STON TO R.401	
	Recompletion	Oil Dry Ga:	s CADILABED A	EXCEPTION	
	Change in Ownership	Casinghead Gas Conden	isate	2-3/	
			CONTAI	AD GAS MU25=21 FTER - S-25=21 NED 2-37 NED 2-37 SED 8-11-71	
	If change of ownership give name		18 0.	-	
	and address of previous owner				
**	DESCRIPTION OF WELL AND I	EASE			
п.	DESCRIPTION OF WELL AND I	Well No. Pool Nar	me, Including Formation	Kind of Lease	
	Federal BW	3 Eag	le Creek S.A.	State, Federal or Fee Federal	
	Location		TA ATÁCU D'U'	<u> </u>	
	Unit Letter;				
	Line of Section 22 Township 17S Bange 25E NMPM, Eddy County				
	Line of Section 22 , Township 17S Range 25E , NMPM, EQQY County				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	and conviol this form is to be sent)	
Name of Authorized Transporter of Oil 🙀 or Condensate 🗌 Address (Give address to which approved copy of this form					
	Scurlock Oil Com	pany	414 Mid-America Bld	<u>14 Mid-America Bldg Midland, Texas</u>	
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	ì n	
	give location of tanks.	O 22 17S 25E	No		
	If this production is commingled with	the that from any other lease or pool.	give commingling order number:		
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA					
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic	n = (X) X	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	6-14-71	6-25-71	1472'	1458	
	0-14-71 2	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Eagle Creek S.A.	San Andres	1313 ¹ 2	1294'	
			<u></u>		
	14251 1425 1441	348 ¹ 2,1356,1367,1374,1 ,1334,1344,1352 ¹ 2,1378	13867,137/2,14157, 24 1395 140741423 14	493. 1453'	
	14252,1455,14442			1450	
			CEMENTING RECORD	CACKS CENENT	
	HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT	
		10 3/4" 32 17	217'	100 sxs	
	9 7/3"	7"	1151'	350 sxs	
	6 1/3"	$\frac{4^{1}2''}{5100}$ 9.5#) Tapered	<u>526'</u> 932' 1458'	125 sxs	
		5 ¹ / ₂ " 14#) ¹² Pereu	932)		
V.	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 all				
OIL WELL able for this depth or be for full 24 hours)					
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	t, etc.j	
	6-25-71	6-28-71	Pumping		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
	66	54	12 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 COMPLIAN			TION COMMISSION	
			APPROVED JUN 2 9, 1971		
	I hereby certify that the rules and i	regulations of the Oil Conservation		5 3	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY W.a. Gressett		
			TITLEOIL 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.		
	Eddle M. Man100d		All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.		
	6-29-71	···· ,			
		ster)			
			Separate Forms C-104 must be filed for each pool in multiply		

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.