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| U.S.G.S.               |     | <u> </u> |    |
| LAND OFFICE            |     |          |    |
| TRANSPORTER            | OIL | 1        |    |
|                        | GAS |          |    |
| OPERATOR               |     |          |    |
| PRORATION OFFICE       |     |          |    |

## · NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

| U.S.G.S.   | AUTHORIZATION TO TRAN  | SPECE AND INTEREST C   | AS   |  |
|--|--|--|--|--|
| TRANSPORTER OIL ( GAS  |  | FEB 2 8 1973   |  |  |
| OPERATOR   |  | 20000  |  |  |
| PRORATION OFFICE   |  | — B. B. G.   |  |  |
| Yates Petroleum  | Corporation -  | ARTESIA, OFFICE  |  |  |
| 207 South 4th S  | treet - Artesia, NM  | 88210  |  |  |
| Reason(s) for filing (Check proper box)                        |  | Other (Please explain)   |  |  |
| New Well   | Change in Transporter of: Oil Dry Gas                                      | To Transport   | Casinghead Gas   |  |
| Recompletion Change in Ownership                               | Casinghead Gas Condense  |  |  |  |
| If change of ownership give name and address of previous owner |  |  |  |  |
| DESCRIPTION OF WELL AND L                                      | EASE   Well No.   Pool Name, Including For                                 | mation Kind of Lease   | Lease No.  |  |
| Lease Name   | 2 Eagle Cree   | State Federal or Fee   |  |  |
| Jackson Estate BY Location                                     |  |  | Moot   |  |
| Unit Letter / F ; 2310   | Feet From The North Line   | and 2310 Feet From 7   | rhe West   |  |
|  | nship 175 Range  | 25E , NMPM, Eddy   | 7 County   |  |
|  | OF OF AND NATURAL GAS  | •  |  |  |
| Name of Authorized Transporter of Oil                          | or Condensate  | A24.850 (0100 440.111 11   |  |  |
| Scurlock Oil Compa   | i  | 1216 Vaughn Bldg   | idland, TX 79701  ved copy of this form is to be sent)             |  |
| Name of Authorized Transporter of Cas.                         | inghead Gas or Dry Gas   | Address (Give address to which appro<br>227 So. 4 th Struet (  | 1tim 11 83210  |  |
| 170).500.500.51 30-  | Unit Sec. Twp. Rge.  | Is gas actually connected? Wh  |  |  |
| If well produces oil or liquids, give location of tanks.       | K 22 17S 25E   | Yes  | 2-28.73  |  |
| If this production is commingled wit                           | h that from any other lease or pool, g                                     | 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 Completio                                    | Date Compl. Ready to Prod.   | Total Depth  | P.B.T.D.   |  |
| Date Spudded   |  |  | The Death  |  |
| Elevations (DF, RKB, RT, GR, etc.)                             | Name of Producing Formation  | Top Oil/Gas Pay Tubing Depth   |  |  |
| Perforations   |  |  | Depth Casing Shoe  |  |
|  | TURING CASING AND  | CEMENTING RECORD   |  |  |
| HOLE SIZE  | CASING & TUBING SIZE   | DEPTH SET  | SACKS CEMENT   |  |
| HOLE SIZE  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| . TEST DATA AND REQUEST F                                      | OR ALLOWABLE (Test must be a   | fter recovery of total volume of load oi<br>pth or be for full 24 hours)   | l and must be equal to or exceed top allow                         |  |
| OIL WELL Date First New Oil Run To Tanks                       | Date of Test   | Producing Method (Flow, pump, gas  | lift, etc.)  |  |
| Date First New Cir Itali 10 1 and                              |  |  | Choke Size   |  |
| Length of Test   | Tubing Pressure  | Casing Pressure  | Choze 5124   |  |
| Actual Prod. During Test                                       | Oil-Bbls.  | Water-Bbls.  | Gas - MCF  |  |
|  |  | <u> </u>   |  |  |
|  |  |  |  |  |
| GAS WELL Actual Prod. Test-MCF/D                               | Length of Test   | Bbls. Condensate/MMCF  | Gravity of Condensate  |  |
|  | Tubing Pressure (Shut-in)  | Casing Pressure (Shut-in)  | Choke Size   |  |
| Testing Method (pitot, back pr.)                               | rand Lissante ( Sunc-18 )  |  |  |  |
| I. CERTIFICATE OF COMPLIAN                                     | CE   | OIL CONSERVATION COMMISSION MAR 9 1973   |  |  |
| I hereby certify that the rules and                            | regulations of the Oil Conservation  | APPROVED TO THE STATE OF THE ST | , 19   |  |
|  | with and that the information given<br>he best of my knowledge and belief. | BY Will  | TOR  |  |
| ì  | A  | TITLE OIL AND GAS INSPE  | V 1 V 11   |  |
| Eddie he halden  |  |  | n compliance with RULE 1104.  owable for a newly drilled or deepen |  |
| (Sign  | nature/  | well, this form must be accom  | cordance with RULE 111.  |  |
| Eddie M. Mahfood   | 1 7 Eliganeer  | All sections of this form  | must be filled out completely for allow                            |  |

(Title)

(Date)

2-9-73

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