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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

JUL 29 1971

Operator Yates Petroleum Corporation ✓ O. C. C. ARTESIA, OFFICE	
Address 207 South 4th Street - Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER UNLESS AN EXCEPTION TO R-4070 IS OBTAINED 64-2-36 8-11-71
Recompletion <input type="checkbox"/>	
Change in Ownership <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"/>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal BZ	Well No. 1	Pool Name, Including Formation Eagle Creek S.A.	Kind of Lease State, Federal or Fee Federal	Lease No. NM10219603
Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>17S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> 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"/> The Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 412 Bldg. of the Southwest-Midland, Tex					
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 P	Sec. 21	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:

V. 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 7-15-71	Date Compl. Ready to Prod. 7-26-71		Total Depth 1534'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3551' GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 1255'		Tubing Depth 1231'			
Perforations 1255, 1294½, 1305½, 1316, 1328, 1338, 1352½, 1371½, 1389, 1417, 1462½, 1492½, 1286½, 1299½, 1312, 1321, 1324, 1334½, 1342, 1345, 1361½, 1374½, 1382½, 1477½, 1523½, TUBING, CASING, AND CEMENTING RECORD 1312, 1330, 1336½, 1347, 1359'					Depth Casing Shoe 1534'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/8"	10 3/4" 32#		133'		50 sacks			
9 7/8"	7" 23#		1133'		325 sacks			
6 1/8"	4½" 11#) Tapered 5½" 14#)		556') 1534' 962')		125 sacks			

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 7-26-71	Date of Test 7-28-71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 56	Oil-Bbls. 42	Water-Bbls. 14 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. Mahfood
(Signature)
Eddie M. Mahfood - Engineer
(Title)
7-29-71
(Date)

OIL CONSERVATION COMMISSION
JUL 30 1971
APPROVED _____, 19____
BY W. A. Gussert
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