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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

SEP 8 1971

Operator <b>Yates Petroleum Corporation</b>		<b>O.C.C.</b>
Address <b>207 South 4th Street - Artesia, New Mexico 88210</b>		<b>ARTESIA, OFFICE</b>
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please specify) <b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 11-1-71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED</b> <b>64, + 2-53</b>
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 <b>Federal CB</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Eagle Creek S.A.</b>	Kind of Lease <b>NM 0439900</b>	Lease No.
State, Federal or Fee <b>Federal</b>				
Location Unit Letter <b>N</b> ; <b>330</b> Feet From The <b>South</b> Line and <b>2310'</b> Feet From The <b>West</b> Line of Section <b>15</b> Township <b>17S</b> Range <b>25E</b> , NMPM, <b>Eddy</b> 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"/> <b>The Scurlock Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>412 Bld of Southwest, Midland, Texas</b>					
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 <b>N</b>	Sec. <b>15</b>	Twp. <b>17S</b>	Rge. <b>25E</b>	Is gas actually connected? <b>No</b>	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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded <b>8-16-71</b>	Date Compl. Ready to Prod. <b>9-1-71</b>		Total Depth <b>1482'</b>		P.B.T.D. <b>1482</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3528' GL</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>1302½'</b>		Tubing Depth <b>1282'</b>			
Perforations <b>1302½-1458'</b>					Depth Casing Shoe <b>1482'</b>			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>13 3/4"</b>	<b>10 3/4"</b>		<b>410'</b>		<b>160 sacks</b>			
<b>9 7/8"</b>	<b>7"</b>		<b>1122'</b>		<b>500 sacks</b>			
<b>6 1/8"</b>	<b>4½" ) Tapered</b>		<b>489' ) 1482'</b>		<b>125 sacks</b>			
	<b>5½" )</b>		<b>971' )</b>					

**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 <b>9-1-71</b>	Date of Test <b>9-5-71</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>29</b>	Oil - Bbls. <b>12</b>	Water - Bbls. <b>17 BLW</b>	Gas - MCF <b>TSTM</b>

**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**  
(Title)  
**9-8-71**  
(Date)

**OIL CONSERVATION COMMISSION**

SEP 9 1971

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

BY W. A. Gressett

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