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	DISTRIBUTION		DNSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
	FILE /		FOR ALLOWABLE	Effective 1-1-65
ł	U.S.G.S.		NSPORT OIL AND NATURAL GA	S
	LAND OFFICE		1071	
	IRANSPORTER GAS	SEP 17	1971	
	OPERATOR /	O. C.	۲,	
I.	PRORATION OFFICE	ARTESIA. D		
	Yates Petroleum Corporation			
	Address			
	207 South 4th Street - Artesia, New Mexico 88210         Reason(s) for filing (Check proper box)         New Well       Image in Transporter of:         Other (Please explain)       GAS MUST NOT 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/			
	Reason(s) for filing (Check proper box)		Other (Please explain) GA	5 MUSI 7/
	New Well	Change in Transporter of: Oil Dry Gas	ELARED ATTER	EPTION TO R-10-14
Change in Ownership Casinghead Gas Condensate IIIN LUDD			sate INLEDD	
l		15 00.2.49		
	i change of ownership give name $\chi \chi$ in the second s			
II. DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including Fo		NM 0219603 Lease No.
	Federal BZ	4 Eagle Creek	S.A. State, Federal of	FEDERAL
	Location Unit Letter '0 : 330 Feet From The South Line and 1650 Feet From The East			
	Line of Section 21 Tow	nship 17S Range 2	25Е , ммрм, Е	ddy County
<b>.</b>	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
III.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approve	d copy of this form is to be sent)
	TheScurlock Oil	Company	412 Bldg. of Southw	
	Name of Authorized Transporter of Cas.	Inghead Gas or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent)
		Unit Sec. Twp. Fige.	Is gas actually connected? When	
	If well produces oil or liquids, give location of tanks.	P 21 17S 25E	No	
	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 Completio	n - (X) X	x	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	8-24-71 Elevations (DF, RKB, RT, GR, etc.)	9-7-71. Name of Producing Formation	1512 Top Oil/Gas Pay	Tubing Depth
	3558' GL	San Andres	1293'	1272'
	Perforations	1293-15025'		Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13 3/4"	10 3/4" 32#	143'	70 sacks
	9 7/8"	7" 20# 45" managed 11#	<u>1097'</u> 485')1512'	500 sacks 125 sacks
	6 1/4"	$4\frac{4}{2}$ Tapered 11# 5 $\frac{1}{3}$ 14#	485 <sup>°</sup> ) <sub>1512</sub> <sup>°</sup> 1009 <sup>°</sup> )	125 30083
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				nd must be equal to or exceed top allow-
•••	OIL WELL able for this de		producing Method (Flow, pump, gas lift, etc.)	
	Date First New Oil Run To Tanks 9-7-71	9-13-71	Producing	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24	Oil-Bbis.	Water - Bbls.	Gas • MCF
	Actual Prod. During Test 53	38	15 BLW	
	GAS WELL	1	Bbls, Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	DDIB. CONCENSION MINICI	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		l	ļ	
VI	CERTIFICATE OF COMPLIAN	CE		
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED SEP 17 1971, 19	
	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. C. Gresset	
	peove to true and complete to the		DIL AND CAS INSPECTOR	
		halfril	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 allow-	
	CALL CL, Signa			
	Eddie M. Mahfood			
	<i>(Ti</i> 9–16–71	<b>`</b>	able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,	
•	(Decomposition of the second sec		well name or number, or transporte	r, or other such change of condition.
.! .			Separate Forms C-104 must be filed for each pool in multiply	