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DISTRIBUTION			
SANTA FE		,	
FILE			J.
U.S.G.S.		<u> </u>	1
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR			<u> </u>
PRORATION OFFICE		<u></u>	<u></u>

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE		OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.	AUTHORIZATION TO TRAN	ISPUR I UIL AND NATUKAL (
IRANSPORTER GAS	RECEIVED			
OPERATOR				
PRORATION OFFICE		FEB28	1973	
Yates Petroleum	Corporation /			
Address	<u> </u>	O. C. (-ug 	
207 South 4th S	treet - Artesia, NM 6	88210 ARTESIA, DI	FFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)		
New We!1	Change in Transporter of: Other Dry Gas	To Transport	Casing head Gas	
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condense		-	
If change of ownership give name and address of previous owner				
	LEACE			
. DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For		1.110030	
Federal LDY	3 Eagle Cree	ek S.A. State, Feder	alor Fee Fed.	
Location		2210	Scort.	
Unit Letter F : 2310	Feet From The North Line	and 23±0 Feet From	The CSC	
Line of Section 27 Tow	vnship 175 Range	25E , NMPM,	Eddy County	
Line of Section 2/ Tow	<u> </u>			
. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which appr	oved conv of this form is to be sent)	
Name of Authorized Transporter of Oil	or Concensate	Address (Give address to writer appr		
Scurlock Oil Compa	INV	1216 Vauchn Blda Address (Give address to which appr	oved copy of this form is to be sent)	
Marie of Authorized Hansporter 5: 013	m Corparation	201 South Stut	- articum 71 88210	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is day actually commenter.	hen	
give location of tanks.	F 27 17S 25E	Yes	2-28-73	
If this production is commingled with	th that from any other lease or pool, g	give commingling order number:		
. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Completic	on = (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
Perforations			Depth Casing Shoe	
Perforations				
	TUBING, CASING, AND		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	fter recovery of total volume of load o	il and must be equal to or exceed top allow	
OIL WELL	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)	
Date First New Oil Run To Tanks	Date of Teat			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	3	
CAS WELL				
Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore 3.25	
		OU CONSERV	VATION COMMISSION	
I. CERTIFICATE OF COMPLIAN	ICE	1	1073	
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.		APPROVED MAR 9 1973 . 19		
		By W. a. Gressett		
above is true and complete to the	ie best of my knowledge and better.	100		
\	f 1	TITLE OIL AND GAS KEPE		
$S_{0,C}$	1./ 1	This form is to be filed	in compliance with RULE 1104.	
Eddie h. hah. u.		If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation		
(Sig	(Signature)		cordance with NULE	
Eddie M. Mahfood		All sections of this form must be filled out completely for alloable on new and recompleted wells.		
(Title) 2-9-73		Fill out only Sections I, II, III, and VI for changes of own		

(Date)

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 completed wells.