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	NO. OF COPIES RECEIVED				
┝	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
-	FILE	REQUEST	AND	Effective 1-1-65	
F	U.S.G.S.	AUTHORIZATION TO TRAI		AS	
Ē	LAND OFFICE		RECEIVED		
ſ	TRANSPORTER OIL GAS	FEB 2 8 1973			
	OPERATOR PRORATION OFFICE				
	Operator				
	Yates Petroleum Corporation / ARTESIA, OFFICE				
	Address 207 South 1th St	207 South 4th Street - Artesia, NM 88210			
.	Reason(s) for filing (Check proper box)				
	New Well				
	Recompletion	Oil Dry Gas D Gasinghead Gas Cordensate To Transport Casinghead Gas			
. [	Change in Ownership	Casinghead Gas Corden:	sale		
1	f change of ownership give name and address of previous owner				
<b>78</b> 1	DESCRIPTION OF WELL AND I	LEASE			
	Lease Name Federal 32	Well No. Pool Name, Includin; Fo 8 Lagle Creek		or Fee Fed.	
	Location Unit Letter H ; 2310 Feet From The Korth Line and 330 Feet From The East				
ļ			_	1	
	Line of Section 28 Tow	mship 178 Range 251	E , NMPM, Edo	County County	
-1	DECIONATION OF TRANSDORT	FR OF OIL AND NATURAL GA	S		
- <b>I</b> - 	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of OIL         or Condensate         Address (Give address to which approved copy of this form is to be sent)         Saurlock Oil Concentry         Saurlock Oil Concentry				
	Scurlock Off Company 1216 Vaughn Blog				
	Name of Authorized Transporter of Cas	hinghead Gas or Dry Gas	Address (Give address to which approv 207 20. 4 th strict-	Alteria, MM SS210	
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n	
	If well produces oil or liquids, give location of tanks.	2  21  17S  25D	Yes	2-28 73	
1	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Restv.	
	Designate Type of Completio				
	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	l	<u>1</u>	Depth Casing Shoe	
			CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
l					
				<u> </u>	
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 top allow- able for this depth or be for full 24 hours)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	it, etc.)	
				Chake Size	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas-MCF	
	•				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Acted Front 1881-MOLVD				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
vi	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
4 <b>H</b> .			MAR 9 1973		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and bellef.		BYU. U. Messel		
		1	TITLE OIL AND GAS INSPECT	TOR	
	$\mathcal{O}(\mathcal{A})$		This form is to be filed in compliance with RULE 1104.		
	Edde he heitiget		Trailing is a sequent for allowable for a newly drilled or deepened		
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Eddie A. Ashfood - Knyineet		All sections of this form mu	at be filled out completely for allow-	
	(1)	itle)	able on new and recompleted we		

0-0-72

(Date)

All sections of this form must be filled out completely for allow-able 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 completed wells.