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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Yates Petroleum Corporation	
Address 207 South 4th Street - Artesia, NM 88210	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Artesia Airport CF	Well No. 1	Pool Name, Including Formation Eagle Creek-Atoka Gas	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter M	330	Feet From The South	Line and 990	Feet From The West
Line of Section 11	Township 17S	Range 25E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Scurlock Oil Company	Address (Give address to which approve 1 copy of this form is to be sent) 1216 Vaughn Bldg - Midland, TX 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approve 1 copy of this form is to be sent) P.O.Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 11
	Twp. 17S	Rge. 25E
	Is gas actually connected? Not connected	
	When 11-17-72	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 11-2-71	Date Compl. Ready to Prod. 12-27-71	Total Depth 8099'	P.B.T.D. 8064'					
Elevations (DF, RKB, RT, GR, etc.) 3511' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 7860	Tubing Depth 7783'					
Perforations 7860-7877' Atoka						Depth Casing Shoe 8099'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	10-3/4"		164'		75 SX			
9-7/8"	7"		1132'		450 SX			
6-1/4"	4 1/2"		8099'		410 SX			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 2162	Length of Test 4 1/2 hrs.	Bbls. Condensate/MMCF 3.4	Gravity of Condensate 57.8
Testing Method (pitot, back pr.) Back Press.	Tubing Pressure (Shut-in) 1690	Casing Pressure (Shut-in) Pkr.	Choke Size Adj.

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)
8-15-72
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 27 1972, 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.
Form C-104 must be filed for each pool in multiply