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FILE		_	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

ŀ	J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS												
}													
t	TRANSPORTER OIL		RECEIVED										
	TRANSPORTER GAS												
Ì	OPERATOR			SEP 2 0 1974									
I.	PRORATION OFFICE												
	Yates Petroleum Corporation				O. C. C.								
	Address			آلم	TESIA, OFFICE	1							
	207 South 4th Street - Artesia, NM 88210 Other (Please explain)												
	Reason(s) for filing (Check proper box)	Change in Transporter of:	·	,case explain,									
	New We!!	Oil Dry Gas											
	Recompletion Change in Ownership	Casinghead Gas Condens	ate 🔲										
ļ													
	If change of ownership give name and address of previous owner												
II.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	mation	Kind of Lease	NM 0219603-A	Lease No.							
	Lease Name Federal "BW"	6 Eagle Creek		S State, Federal	or Fee Federal	1							
Location													
	Unit Letter E N ; 1650	Feet From The West Line	and 990	Feet From 7	The South								
	Line of Section 22 Town	nship 17S Range 2	.5E , N	мрм, Eddy	· · · · · · · · · · · · · · · · · · ·	County							
			-										
Ш.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	CX or Condensate	Address (Give add	ress to which approx	ved copy of this form is to	be sent)							
	Scurlock Oil Compa		1216 Vaug	hn Bldg -	Midland. TX	79701							
	Name of Authorized Transporter of Cast	inghead Gas X or Dry Gas	Address (Give add	ress to which approx	ved copy of this form is to	be sent)							
	Yates Petroleum Co		207 South	4th St -	Artesia. NM	88210							
		Unit Sec. Twp. P.ge.	Is gas actually co		en								
	give location of tanks.	0 22 17S 25E	Yes		9-15-74	1							
	If this production is commingled with	h that from any other lease or pool, g	give commingling	order number:									
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Work		Plug Back Same Res	v. Diff. Res'v.							
	Designate Type of Completio		x	!									
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.								
	8-29-74	9-15-74	1480'	DTD									
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth								
	3539' GR	San Andres	1298 '		Depth Casing Shoe	 							
	Perforations		1480'										
	1298-1406' San Andres TUBING, CASING, AND CEMENTING RECORD												
		CASING & TUBING SIZE		TH SET	SACKS CEM	ENT							
	HOLE SIZE 14-3/4"	10-3/4"	200'		125 sx								
	9-7/8"	7"	1144'		650 sx								
	6-1/4"	53&43"	1480'	·	125 sx								
			i		<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 of able for this depth or be for full 24 hours)													
•	OIL WELL	Date of Test	Producing Method	(Flow, pump, gas l	ift, etc.)								
	Date First New Oil Run To Tanks	9-16-74	Pumpir										
	9-15-74 Length of Test	Tubing Pressure	Casing Pressure		Choke Size								
	24		·										
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-MCF								
	43.8	31.8	12 BLW	<u> </u>	26.6	L							
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate	MMCF	Gravity of Condensate								
	Actual Prod. (est-MCF/D	Lang 51 155.											
	Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure	(Shut-in)	Choke Size								
121	. CERTIFICATE OF COMPLIAN	CE		OIL CONSERY	ATION COMMISSION	٧							
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.				SEP 2 3 19	3/4	19							
			OIL AND GAS INSPECTOR										
								- 0		TITLE			
										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			
Zddu M. Maly sof													
	•	(Signature)/		tests taken on the well in accordance with RULE !!!									
	Eddie M. Mahfood	All sections of this form must be filled out completely for allow able on new and recompleted wells.											
	(1)	,	BDIG OU DOM BITG 100000 NATION										

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. 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.

(Date)

9-18-74