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FI	E			
G.S.				
ID	OFFICE			
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				

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-111  
Effective 1-1-65

RECEIVED

NOV 19 1975

I.

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

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Gissler "AV"	Well No.	11	Pool Name, including Formation	Eagle Creek S.A.	Kind of Lease	State, Federal or Fee	Fee	Lease No.
Location	Unit Letter <u>M</u> ; <u>330</u> Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>South</u>								
Line of Section	<u>23</u>	Township	<u>17S</u>	Range	<u>25E</u>	, NMPM,		<u>Edgy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent)	1216 Vaughn Building-Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Yates Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent)	207 South 4th Street-Artesia, NM 88210					
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>23</u>	Twp. <u>17S</u>	Rge. <u>25E</u>	Is gas actually connected?	yes	When	11-15-75

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	10-24-75	Date Compl. Ready to Prod.	11-15-75	Total Depth	1510'	P.B.T.D.	1472'	
Elevations (DF, RKB, RT, GR, etc.)	3510'	Name of Producing Formation	San Andres	Top Oil/Gas Pay	1332'	Tubing Depth	1311'	
Perforations	1332-1431'					Depth Casing Shoe	1472'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10-3/4"		306		200			
9 1/2"	7"		1153'		905			
6 1/2"	4 1/2 & 5 1/2"		1472'		150			
	2-3/8"		1311'					

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	11-15-75	Date of Test	11-17-75	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	24	Tubing Pressure		Casing Pressure	
Actual Prod. During Test	65	Oil-Bbls.	42	Water-Bbls.	13 BLW
				Gas-MCF	30.1

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

OIL CONSERVATION COMMISSION  
NOV 20 1975

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W.A. Gressett  
TITLE SUPERVISOR, DISTRICT II

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.

Christine Tomlinson  
(Signature)  
Christine Tomlinson - Geol. Secty  
(Title)  
11-18-75  
(Date)