			_
NO. OF COPIES RECEIVED		6	
DISTRIBUTION			
SANTA FE			
FILE			1
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	
	GAS	1	
OPERATOR		2,	

(Title) 10-16-74

(Date)

Form C-104

}	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
- }	FILE	AUTHORIZATION TO TRAN	AND SECOND ON AND NATURAL CA	,		
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVE						
ł	OIL					
ļ	TRANSPORTER GAS /		500	1 7 1974		
[OPERATOR 21	1 / 13/4				
I. PRORATION OFFICE			0.0			
	Yates Petroleum Co	rporation /	ARTE	I. C. C.		
	Address 207 South 4th Street - Artesia, NM 88210					
	Reason(s) for filing (Check proper box)	et mresza, m. oc	Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas		İ		
	Change in Ownership	Casinghead Gas Condens	sate			
	If change of ownership give name					
	and address of previous owner					
**	I. DESCRIPTION OF WELL AND LEASE. Leave Legistical Extraction Kind of Lease Lease					
11.	Well No. Pool Name, including I structure					
	Jackson "AT" 6 Eagle Creek San Andres State, Federal or Fee Fee					
	Location Unit Letter 0 940 Feet From The South Line and 2310 Feet From The East					
	Unit Letter 0 ;940	Feet From The South Line	e and Feet Flom 1			
	Line of Section 14 Tow	nship 17S Range 2	25E , NMPM, E	ddy County		
			•			
111.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Cil		1216 Vaughn Bldg-Mi	dland.TX 79701		
	Scurlock Oil Compa	Iny Inghead Gas Or Dry Gas	Address (Give address to which approx	ed copy of this form is to be sent)		
	Yates Petroleum Co		207 South 4th Stre	et-Artesia, NM 8821		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe			
	give location of tanks.	J 14 178 25E		10-7-74		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completio	n = (X)	x			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	8-13-74	10-7-74	1479'	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	1431'		
	3482 GR	San Andres	1360'	Depth Casing Shoe		
		1360-1451'				
		TUBING, CASING, AND	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	14-3/4"	10-3/4"	1182	450 sx		
	912"	41/2&51/2"	1479'	200 sx		
	614"	2" EUE	1431'			
••	TOTAL TOTAL AND AND CONTROL OF AND					
V	able for this depth or be for full 24 hours)					
	Date First New Oil Hun to Tanks Plumping			,,,,		
	10-7-74	10-13-74 Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test					
	Actual Prod. During Test	Oil-Bhis.	Water-Bbis.	Gas-MCF		
	45.1	30.1	15 BLW	22.5		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. 1881-MCF/D					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
			<u> </u>			
V	I. CERTIFICATE OF COMPLIAN	CE	- 11	ATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation APPROVED OCT 17 19/4 APPROVED 19				, 19		
				asset !		
	above is true and complete to the best of my knowledge and belief. TITLE OIL AND GAS INSPECTOR			A 7 A B		
				UIUN		
	<u> </u>	1 1 1	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			
	Eddis hi	mould at				
	(Signal Mah Food	nature) - Engineer	tests taken on the well in acc	well, this form must be accompanied by a tabliation of the tests taken on the well in accordance with RULE 111.		
Eddie M. Mahfood - Engineer \ tests taken on the well in accordance with Rocci for						

All sections of this form must be 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.