1.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Yates Petroleum Co Address 207 South 4th Stree	REQUEST F AUTHORIZATION TO TRAN	RECEIVE RECEIVE 8210	
	Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND I Lease Name	Weil No. Pool Nome, Including Fo	atoka monou atoka monou simation Uild. Kind of Lease	Lease No.
			e and <u>2310</u> Feet From T 25E NMPM, Eddy	heEast
			, 100 Mg	
11.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cill or Condensate Name of Authorized Transporter of Cill or Condensate Nava jo Crude Purchasing Company North Freeman Ave - Artesia, NM Name of Authorized Transporter of Casinghead Gas or Dry Gas Xi Address (Give address to which approved copy of this form is to be Transwestern Pipeline Company P. O. Box 2521 Houston, TX 77001		Artesia, NM 88210 ed copy of this form is to be sent)	
	It well produces oil or liquids,	Unit Sec. Twp. Fige.	Is gas actually connected? Whe	
IV.	give location of tanks. If this production is commingled with <u>COMPLETION DATA</u>	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
	3-20-75	5-1-75 Name of Producing Formation	8678' Top Oil/Gas Pay	WL 8610' Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.) 3453	Morrow	8338'	8336
	Perforations			Depth Casing Shoe
	8338-8365		CEVENTING RECORD	8636'
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
	175"	12-3/4"	376	250 sacks
		8-5/8"	1276	1150 sacks
	7-7/8"	55"	8678'	200 sacks
		2-7/8"	8336'	i
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 allo able for this depth or be for full 24 hours)			
	OIL WELL able for full depth of 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	O11-Bbls.	Water-Bbls.	Gae-MCF
				1 <u></u>
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D 15000	1-3/4	9.47	50.7
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Back Pressure	2515	Sealed	3/4"
VI	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and a Commission have been complied v above is true and complete to the	with and that the information given	APPROVED MAY 22,1975	
	Eddie M. M.	alife al	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 allow- able on new and recompleted wells.	
	Eddie M. Mahfood			

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

5-14-75 (Date)

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