

DISTRIBUTION	4	
SA TAFE	/	
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-11
Effective 1-1-65

RECEIVED

SEP 21 1977

Operator S. P. Yates ✓	
Address 206 So. 4th Street, Artesia, NM 88210	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 11-10-77 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Spurck F State	Well No. 5	Pool Name, including Formation Und. Seven Rivers	Kind of Lease State, Federal or Fee State	Lease No. B-8617
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West Line of Section 16 Township 17S Range 28E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) No. Freeman, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit L Sec. 16 Twp. 17S Rge. 28E Is gas actually connected? No When

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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Restv.	Diff. Restv. X
Date Spudded	Date Compl. Ready to Prod. 9/10/77	Total Depth 3610'	P.B.T.D. 1328'					
Elevations (DF, RKB, RT, GR, etc.) 3560 GR	Name of Producing Formation Seven Rivers	Top Oil/Gas Pay 645'	Tubing Depth 630'					
Perforations 645-678	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 10"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 492"	SACKS CEMENT 50 SX					
8"	7"	1328'	100 SX					
	2-3/8"	630'						

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)

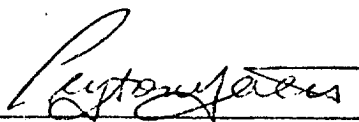
Date First New Oil Run To Tanks 9/10/77	Date of Test 9/16/77	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 45	Oil-Bbls. 23	Water-Bbls. 22 BLW	Gas-MCF TSTM

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.


(Signature)
Engineer
(Title)
Sept. 19, 1977
(Date)

OIL CONSERVATION COMMISSION

SEP 21 1977
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.