## O OTE CONSCRVATION COMMISSION Form C-104 REQUEST FOR ALLOWABL Supersedes Old C-104 and C-11 Effective 1-1-65 AND G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 'D OFFICE OIL IRANSPORTER RECEIVED GAS **OPERATOR** PRORATION OFFICE JUN 9 1976 Operator Yates Petroleum Corporation F O. C. C. ARTESIA, CFFICE 207 South 4th Street - Artesia, NM Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. "AV" Gissler 1.3 Eagle Creek (S.A.) Fee State, Federal or Fee Location 2310 Feet From The South Line and 330 Unit Letter L West 23 17S 25E Eddy Township Range , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Acdress (Give address to which approved copy of this form is to be sent) or Condensate Scurlock Oil Company Name of Authorized Transporter of Casinghead Gas 1216 Vaughn Bldg-Midland, TX 79701 Address (Give address to which approved copy of this form is to be sent) or Dry Gas Yates Petroleum Corporation 207 South 4th Street-Artesia, NM 88210 Rge. Unit Sec. Twp. is gas actually connected? If well produces oil or liquids, 17S | 25E | 23 Yes 6 - 1 - 76If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well New Well Workover Deepen Plug Back | Same Res'v. Diff. Res'v Designate Type of Completion - (X) Х Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 5-10-76 1499' 6 - 1 - 761479' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 3513' GR 1338' San Andres 1321' Depth Casing Shoe 1479 Perforations 1338-1416½' TUBING, CASING, AND CEMENTING RECORD 315 DEPTH SET HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 15" 10 - 3/4225 915" 1165 1479 1100 614" 4½&5½" 2-3/8" 1321' 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 allowable for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) 6-1-76 6 - 4 - 76Pumping Length of Test Tubing Pressure Casing Pressure Choke Size 24 20非 Actual Prod. During Test Oil - Bble. Water - Bbls. Ggs - MCF 41 30.0 11 BLW 18.9 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

I hereby certify that the rules and regulations of the Oil Conservation

APPROVED BY TITLE

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

This form is to be filed in compliance with RULE 1104.

(Signature)

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

Secty Christine Tomlinson-Geol. (Title) 6-8-76

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.

(Date)