ć					
	NO. OF CUPIT'S RECEIVED 4				
ł	SANTA FE I REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110	
ļ	FILE	AND			Effective 1-1-65
	AND OFFICE				
	TRANSPORTER OIL				• •
	OPERATOR I	(T H)		27.2	
	PRORATION OFFICE				
	Operator Yates Drilling Company			~	· • •
	ddress				
207 So. 4th St., Artesia, N.M. 88210 Reason(s) for filing (Check proper box) Other (Please explain)					
	Iew We!l Change in Transporter of: Change name from:   Out Dry Case State 648, Well #1			177 (	
	Recompletion	Oil Dry Gas Casinghead Gas Condens		48, well # Well #54	
	Change in Ownership X	Casinghead Gas Condens			( <u> </u>
If change of ownership give name Depco, Inc. 800 Central, Odessa, Texas 79760					
т	I. DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including Fo	rmation	Kind of Lease	Lease No.
	Artesia Metex Unit	54 Artesia		State, Federal or Fe	• State   648-131
	Unit Letter '0 ; 990 Feet From The South Line and 2310 Feet From The East				
					Eddy County
Line of Section 25 Township 185 Range 27E , NMPM, EULY C					
a.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Cil And or Condensate Address (Give address to which approved copy of this form is to be sent)				
1	Navajo Refining Co.	- Pipeline Div.	N. Freeman,		1
	Name of Authorized Transporter of Cas	Inghead Gas 📋 cr Dry Gas 🦳	Address (Give address t	which approved cop	by of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connecte	d? When	
1	give location of tarks.	N 25 18S 27E		i 	
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, a	give commingling order	number:	
••	Designate Type of Completio	n - (X)	New Well Workover	Deepen Plug	Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	Р.В.	T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	ומטיו	ing Depth
	erforations		Depth		th Casing Shoe
	TUBING, CASING, AND		CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
	FST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow				
ν.	IL WELL able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Fibu	, pump, gas lijt, etc.	/
	Length of Test	Tubing Pressure	Casing Pressure	Cho	ke Siza
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas	• MCF
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Gra	vity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) Cho	ke 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		
			APPROVED DEC 1 8 1973		
			BY_ U. C. Susset		
			TITLE DIL AND GAS INSPECTOR		
	- Auton Varia	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend 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- sble 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.			
	Engineer (Signe				
	September 12, 1973				
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