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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
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Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

DEC 12 1973

I. Operator **Yates Drilling Company** **O. C. C.**  
Address **207 So. 4th St., Artesia, N.M. 88210**  
Reason(s) for filing (Check proper box) **Change name from:**  
New Well ☐ Change in Transporter of: ☐ State 648, Well #116 to:  
Recompletion ☐ Oil ☐ Dry Gas ☐ Well #45 (**Injection well**)  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
If change of ownership give name **Depco, Inc., 800 Central, Odessa Texas 79760**  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Artesia Metex Unit** Well No. **45** Pool Name, including Formation **Artesia** Kind of Lease **State, Federal or Fee** State **State** Lease No. **648-131**  
Location  
Unit Letter **L** ; **1980** Feet From The **South** Line and **660** Feet From The **West**  
Line of Section **25** Township **18S** Range **27E** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Navajo Refining Co., - Pipeline Div.** Address (Give address to which approved copy of this form is to be sent) **N. Freeman, Artesia, N.M. 88210**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
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 **N** Sec. **25** Twp. **18S** Rge. **27E** Is gas actually connected? 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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

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.  
**September 12, 1973**  
**Engineer**  
**Oil Conservation Commission**  
**DEC 18 1973**  
**APPROVED**  
**BY**  
**TITLE OIL AND GAS INSPECTOR**  
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 change of condition.