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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-110  
Effective 1-1-65

Operator Yates Drilling Company		ARTESIA, N.M.	
Address 207 So. 4th St., Artesia N.M. 88210			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Change name from:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Eddy "CL", Well #1 to:	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Well #56 (Injection well)	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner Depco, Inc., 800 Central, Odessa, Texas 79760			

DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name Artesia Metex Unit	Well No. 56	Pool Name, Including Formation Artesia	E-5071-5
Kind of Lease State, Federal or Fee		State	
Location			
Unit Letter 'A' ; 330 Feet From The North Line and 330 Feet From The East			
Line of Section 35 Township 18S Range 27E, NMPM, Eddy County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		N. Freeman, Artesia, N.M. 88210	
Navajo Refining Co. - Pipeline Div.		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 35	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:									
V. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
X									
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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	

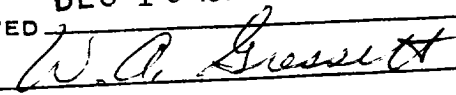
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

  
(Signature)  
Engineer

September 12, 1973  
(Date)

OIL CONSERVATION COMMISSION  
DEC 18 1973  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
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 such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.