

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

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	GAS
OPERATOR	1
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Operator **Yates Drilling Company**

Address **207 So. 4th St., Artesia, NM 88210**

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

Other (Please explain) **RE-ENTRY**

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name **Artesia Metex Unit** Well No. **21** Pool Name, including Formation **Artesia** Kind of Lease **State, Federal or Fee** Lease No. **State**

Location
 Unit Letter **M**, **330** Feet From The **South** Line and **1010** Feet From The **West**

Line of Section **19** Township **18S** Range **28E**, NMPM, **Eddy** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Navajo Pipeline Company Address (Give address to which approved copy of this form is to be sent) **N. Freeman, Artesia, NM 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 **B** 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: _____

COMPLETION DATA

Designate Type of Completion - (X) **X** Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. **Re-entry**

Date Spudded _____ Date Compl. Ready to Prod. **8-4-74** Total Depth **2100'** P.B.T.D. _____

Elevations (DF, RKB, RT, GR, etc.) **3572'** Name of Producing Formation **Grayburg** Top Oil/Gas Pay **1879'** Tubing Depth **2033'**

Perforations **1879-85; 1889-95 w/24 shots, plus open hole shot ~~230 qts nitro~~** **1986-2100** Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8-5/8"	440	55
8"	5 1/2"	1942	50
	2 3/8"	700	

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 **8-4-74** Date of Test **8-10-74** Producing Method (Flow, pump, gas lift, etc.) **Pump**

Length of Test **24 hrs** Tubing Pressure _____ Casing Pressure _____ Choke Size _____

Actual Prod. During Test **1.9 bbls** Oil-Bbls. **1.9 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 _____

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.

Peyton Yates
 Peyton Yates - Engineer
 September 17, 1974
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED **SEP 19 1974**, 19____
 BY *W. A. Gressett*
 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.