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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
RECEIVED  
DEC 18 1973

Operator Yates Drilling Company		O.C.C. ARTESIA OFFICE
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 name from: State "BV" #8 to: Well 14
Recompletion	<input type="checkbox"/>	
Change in Ownership	<input checked="" type="checkbox"/>	
Change in Transporter of:		
	Oil	<input type="checkbox"/>
	Casinghead Gas	<input type="checkbox"/>
	Dry Gas	<input type="checkbox"/>
	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner  
Cities Service Company, Box 4906, Midland, TX 79701

DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Artesia Metex Unit	Well No. 14	Pool Name, including Formation Artesia
Kind of Lease State, Federal or Fee		State
Location		Lease No. B-11339-9
Unit Letter J		
1980 Feet From The East Line and 1650 Feet From The South		
Line of Section 19		
Township 18S		
Range 28E		
, 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	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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 O	Sec. 19	Twp. 18S
			Rge. 28E
Is gas actually connected?		When	

If this production is commingled with that from any other lease or pool, give commingling order number:

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

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		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
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.

Robert Yates  
(Signature)  
Engineer  
(Title)  
August 31, 1973  
(Date)

OIL CONSERVATION COMMISSION  
DEC 18 1973

APPROVED \_\_\_\_\_, 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.