

DISTRIBUTION	
SA	TA FE
FI	E
G.S.	
ID	OFFICE
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWAB.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

JAN 13 1978

I. Operator **Yates Drilling Company** **O. C. C.**
Address **207 So. 4th St., Artesia, NM 88210**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner **S.P. Yates & Martin Yates, III, 207 S. 4th, Artesia, NM 88210**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Western Federal** Well No. **1** Pool Name, including Formation **Loco Hills (Grb. S.A.)** Kind of Lease **Federal** Lease No. **NM-0925**
Location
Unit Letter **N** **660** Feet From The **South** Line and **1980** Feet From The **West**
Line of Section **20** Township **18S** Range **29E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
Navajo Refg. Co. - Pipeline Division Address (Give address to which approved copy of this form is to be sent) **North 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 **N** Sec. **20** Twp. **18S** Rge. **29E** Is gas actually connected? **No** When

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
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 **Post ID-3 8 1/2"**
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF **Change 1.20**

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.
Engineer (Signature)
1/10/78 (Date)
1/10/78 (Date)

OIL CONSERVATION COMMISSION
APPROVED **JAN 16 1978**, 19
BY **W. A. Gressett**
TITLE **SUPERVISOR, DISTRICT II**
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.