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	GAS
OPERATOR	1
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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

MAY 25 1973

I. Operator **U. C. E. ARTESIA, OFFICE**
FRANKLIN, ASTON & FAIR, INC.
Address
P. O. Box 1090, Roswell, New Mexico 88201
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) *Formerly shown as Leo Queen Gb. Pool.*
If change of ownership give name and address of previous owner
This well has been placed in the pool designated below. Please notify the Commission within 10 days if you are NOT in agreement with this action.

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Yates** Well No. **1-B** Pool Name, Including Formation **Undesignated Shugart** Kind of Lease **Federal** Lease No. **NM 021096**
Location
Unit Letter **P** **660** Feet From The **South** Line and **660** Feet From The **East**
Line of Section **12** Township **18 South** Range **30 East**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None 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 **P** Sec. **12** Twp. **18S** Rge. **30E** Is gas actually connected? **No** When **Lease Use**

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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Re-entered 3-25-73	5-23-73	3864'	3757'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3547' DF	Grayburg	3512'	3750'					
Perforations 3800' - 3806'	3634' - 3654'	3512' - 3518'	Depth Casing Shoe					
3722' - 3728'	3540' - 3548'		3830'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	10 3/4"	696'	200					
	5 1/2"	3830'	200					
	2 3/8"	3750'						

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.)	
4-4-73	5-23-73	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	30	70	4

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	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.
Grant M. Smith
(Signature)
Geologist
(Title)
5-24-73
(Date)
OIL CONSERVATION COMMISSION
APPROVED **MAY 29 1973**
BY *W. A. Gressitt*
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.