	NO. OF COPIES RECEIVED 4 DISTRIBUTION 5 SANTA FE 1 FILE 1 4	DISTRIBUTION NEW MEXICO OIL CONSERVATION COM ION REQUEST FOR ALLOWABLE							Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-85	
•	U.S.G.S.	AUTHORIZATION 1	TO TRANS	SPORT O	IL AND NA		NS			
.1.	GAS GAS I OPERATOR I PRORATION OFFICE		;	DEC 1	0 1973					
	Operator Harvey E. Ya	ites V			3. C. . ocrice	· 、				
	Address 112 North Fi		rtesia,		exico 88					
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of Oil X Casinghead Gas	t Dry Gas Condensat		ner (<i>riedse</i> ex		•			
4 1	If change of ownership give name and address of previous owner									
n.	DESCRIPTION OF WELL AND I	LEASE	Pool Name,	Including	Formation		Kind of Leas			
h	Lease Name Yates State	1	Wild		is per	e ch	State, Federa	l or Fee	State	
•	Location Unit LetterG198	30 Feet From The Ser	the Line a	ind1	980	Feet From T	Eas	<u>t</u>		
	Line of Section 32 , Tow	mship 18S Ro	ange 3	OE	, NMPM,	Edd	ly		County	
. 111.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be see Att: Jim Miller Name of Authorized Transporter of Oil Purchasing Co. No. Freeman Avenue Address (Give address to which approved copy of this form is to be see Att: Jim Miller Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be see Att: Jim Miller									
	If well produces oil or liquids,	Terms Lance L	1.1.1.1	s gas actua	illy connected?	Whe	ġ	<u></u>		
	give location of tanks.	this production is commingled with that from any other lease or pool, give commingling order number:							J	
IV.	COMPLETION DATA	Oil Well Ge		lew Well	Workover	Deepen	Plug Back	Same Restv	. Diff. Res'v.	
	Designate Type of Completia Date Spudded	Date Compl. Ready to Prod.		rotal Depth	L	<u> </u>	P.B.T.D.		<u> </u>	
70	Pool	col Name of Producing Formation		Top Oil/Gas Pay T			Tubing Dept	Tubing Depth		
	Perforations	······································	Depti				g Shoe			
· / 1	HOLE SIZE	TUBING, CAS		CEMENTI	NG RECORD		SA	CKS CEME	NT	
•										
•		· · · · · · · · · · · · · · · · · · ·								
♥.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be af DIL WELL able for this dej Date First New Oil Run To Tanks Date of Test			ter recovery of total volume of load oil and mu- oth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure		Casing Pres	seure		Choke Size			
	Actual Prod. During Test	Oil-Bbis.		Water - Bbie	•		Gas - MCF			
	GAS WELL									
n Maria	Actual Prod. Test-MCF/D	Length of Test	1	Bbls. Cond	ensate/MMCF		Gravity of C	ondensate		
•	Testing Method (pitos, back pr.)	Tubing Pressure		Casing Pre	sure		Choke Size			
VI .	CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION DEC 1 1 1973					
T	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.				BY Q. Gressett					
	Manon Joseven				TITLE					
	(Ajgnetwe) Office Manager				well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	(This) gas a start of the				All sections of this form must be filled aut completely far allow- ship on new and recompleted wells.					
I.	Pagember 7, 1973				WALL HAND OF FUNCTION ALL THE MELL AND ALL THE REPORT OF FUNCTION AND THE FORMULA AND ALL THE MELL AND ALL THE REPORT OF FUNCTION AND ALL THE MELL AND ALL THE REPORT OF FUNCTION AND ALL THE MELLINE AND ALL THE REPORT OF FUNCTION AND ALL THE MELLINE AND ALL THE REPORT OF FUNCTION AND ALL THE MELLINE AND ALL THE REPORT OF FUNCTION AND ALL THE MELLINE AND ALL THE REPORT OF FUNCTION AND ALL THE MELLINE AND ALL THE REPORT OF FUNCTION AND ALL THE ADDRESS OF FUNCTION AND ALL THE REPORT OF FUNCTION AND ALL THE ADDRESS OF FUNCTION ADDRESS OF FUNCTION AND ALL THE ADDRESS OF FUNCTION ADDRESS OF					