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DISTRIBUTION			
SANTA FE			Form C-104 Supersedes Old C-104 and C-110
FILE	REQUEST	FOR ALLOWABLE AND	Effective 1-1-65
U.S.G.S.			24
LAND OFFICE			\mathcal{D}
TRANSPORTER OIL		R L L L	
GAS I		1073	
OPERATOR		MAR 21 1973	
PRORATION OFFICE			
Yates Petroleum	Corporation	D. C. C.	-
		ARTESIA, OFFICE	·
	Street - Artesia, NM 8	88210	
Reason(s) for filing (Check proper bo		Other (Please explain)	······
New Well	Change in Transporter of:	Add Com	n
Recompletion	Oil Dry Ga		
Change in Ownership	Casinghead Gas 🗌 Conden	· · · · · · · · · · · · · · · · · · ·	
			· · · ·
change of ownership give name nd address of previous owner		······································	
DESCRIPTION OF WELL ANI Lease Name	Well No. Pool Name, Including Fe	ormation Kind of Lease	NM0487738 Lease No.
Federal AB Con			or Fee Fed.
Location			
	60 Feet From The South Lin	660 5 7 7	he West
Unit Letter <u>M</u> ; 66	Feet From The Double Lin		
Line of Section 32 T	ownship 18S Range	25E _{, NMPM} , Edd	Y County
ESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of C	or Condensate	Address (Give address to which approv	
Scurlock Oil Co		1216 Vaughn Bldg- M	
Name of Authorized Transporter of C		Address (Give address to which approv	1
Yates Petroleur		207 So. 4th Street-	
If well produces oil or liquids,	Unit Sec. Twp. Rge. M 32 188 25E		^{**} 3-16-73
give location of tanks.			
	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 Complet	ion - (X)	X	X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-6-73	3-4-73	OTD 1665'	COTD 1620'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3618' GR	San Andres	1049'	1390'
Perforations	10-1049'		Depth Casing Shoe 1620
		·	1020
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE 8-5/8" 24&23#	DEPTH SET	SACKS CEMENT
	55" 15.5#)Tapered	669') 1620'	165 sx
7-7/8"	$7^{+}23^{+}$	950')	103 32
TEST DATA AND REQUEST	FOR ALLOWARIE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-
TEST DATA AND REQUEST OIL WELL		epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
3-4-73	3-18-73	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	-	36#	Gas-MCF
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF 78-46
4.66	2.33	2.3	
	ced approximately 50	BU Defore Potential	Test.
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 COMPLIA	NCE	OIL CONSERVA	TION COMMISSION
ULA IN TOATE OF COMPERA		MAY 16 19	373
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.		APPROVED, 19	
		1 1. Gressett	
bove is true and complete to t	he best of my knowledge and belief.	BY	TAR
		TITLE OIL AND GAS INSPEC	J VII
\sim \sim $<$			compliance with RULE 1104.
Eddrehn harty/ref		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.	
	Title)	All sections of this form mu able on new and recompleted we	at be miled out completely for allow-
3-20-73		Fill out only Sections I I	III. and VI for changes of owner,
((Date)	well name or number, or transport	ter, or other such change of condition.

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.

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