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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

RECEIVED

AUG 8 1967

O. C. C.
ARTESIA, OFFICE

Operator Yates Petroleum Corporation		
Address 207 So. 4th St., Artesia, New Mexico		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☒

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Len Mayer	Well No. 1	Pool Name, Including Formation Atoka Penn	Kind of Lease State, Federal or Fee Fee
Location Unit Letter D ; 990 Feet From The N Line and 990 Feet From The W Line of Section 28 , Township 18S Range 26E , NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 414 Mid-America Bldg., Midland, Texas					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1502, Houston, Texas					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 28	Twp. 18S	Rge. 26E	Is gas actually connected? Yes	When Feb. 1961

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	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.				
Pool	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 (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

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Hugh H. Parry
(Signature)

Secretary-Treasurer

(Title)

8/4/67

(Date)

OIL CONSERVATION COMMISSION

AUG 10 1967

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 Sections I, II, III, and VI only 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.