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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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

AUG 8 1967

S. D. C.  
ARTESIA, OFFICE

Yates Petroleum Corporation

Address: 207 So. 4th St., Artesia, New Mexico

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	State "AU"	Well No.	1	Pool Name, including Formation	Penasco Draw-SA-Yeso	Kind of Lease	State, Federal or Fee	State
Location								
Unit Letter	D	330	Foot From The	N	Line and	330	Foot From The	W
Line of Section	36	Township	18S	Range	25E	MEM	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Scurlock Oil Company	414 Mid-America Bldg., Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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	Sec.	Twp.	Range	Is gas actually connected?	When
	D	36	18S	25E	No	

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 Reel, Lift, Reel
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.R.F.D.				
Pool	Name of Producing Formation	Top Oil Was 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
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.

  
(Signature)  
Secretary-Treasurer

(Title)  
8/4/67  
(Date)

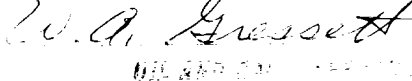
OIL CONSERVATION-COMMISSION

APPROVED

AUG 10 1967

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BY



TITLE

OIL AND GAS

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.