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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 7
	GAS
OPERATOR	2
PRODUCTION 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

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DEC 13 1966

O. C. C.
ARTESIA, OFFICE

Operator Martin Yates, III
Address

320 Cuyler Building, Artesia, New Mexico

Reasons for filing (check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Increasing Depth <input type="checkbox"/>	Oil <input type="checkbox"/>
Changing Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease State	Well No.	Pool Name, including Formation	Kind of Lease
Atoka State	3	Atoka-San Andres	State, Federal or Fee State
Location			
Unit Section	K	1650 Feet From The South Line and 2310 Feet From The West	
Line of Section	16	Township 18 South Range 26 East, NMPM, Eddy County	

II. 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)					
The Permian Corporation	3 or 3119, 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.	Rge.	Is gas actually connected?	When
	0	16	18S	26E	No.	

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-16-66	12-13-66	2147						
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Atoka-San Andres	Slaughter Zone	1598'	1950'					
Perforations			Depth Casing Shoe					
			1263					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
2 1/2"	4 1/2"	1263'	400 Incon.
	2 3/8"	1950	

VI. 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 of New or Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-13-66	12-13-66	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.			
Actual Flow During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
34	54	40 (frac)	

GAS TEST			
Actual Flow Test-MCF/Hr.	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VII. 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.

Martin Yates, III
(Signature)
Bookkeeper
(Title)
12-15-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED 12-15-66, 19
BY J. L. Llamas
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 multiple completed wells.