DISTRIBUTION		NSERVATION COMMISSION	Form C+104
SANTA FE		OR ALLOWABLE	Supersedes Old C-164 and C-110 Effective 1-1-05
F:12		AND	
0.5.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL	
LAND OFFICE	<u></u>	R	ELEIVED
TRANSPORTER -			
GAS			DEC 3 0 1966
PRORATION OFFICE	· · · · · · · · · · · · · · · · · · ·		
- PRORACIÓN OFFICE			<u> </u>
Yates Petroleur	Corporation		ARTEBIA, OFFICE
A 1 12 to the second			
309 Carner Buil	<u>ding-Artesia, New Mexic</u>		
Reason . for filling . Check prope		0 8210 Other (Please explain)	
a provenske a 🔛 🔛 👘	Change in Transporter of:	, !	
hearageatica 🔡	Oil Dry Gas	Less	
(himpern (wnership)	Casinghead Gas Condens	ate	
If change of ownership give na and address of previous owner			
I. DESCRIPTION OF WELL A	AND LEASE		
Leuse llume	Well No. Pool Nam	e, Including Formation	Kind of Lease
Gerard "AW"	2 Penas	co Draw S.A. Yeso	State, Federal of Fee Fee
Location			East
Unit Letter, 2	2310 Feet From The Southine	and <u>1650</u> Feet Fro	om The
25	Township 185 Barras	25E , NMPM,	Eddy County
Line of Section 49	, Township LOD Range	, KM.F.M.,	······································
E DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL GAS	5	
Name of Authorized Transporter	of Oil 🚣 or Condensate 🛄	Address (Give address to which ap	proved copy of this form is to be sent;
The Permian Cor	poration	P. O. Box 3119, Mi	
Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)
	Unit Sec. Twp. Ege.	Is gas actually connected?	When
If well produces oil or liquids, opvelocation of tanks.	J 25 18 25	NO	
	ed with that from any other lease or pool, g	vive commingling order number:	
V. COMPLETION DATA			
	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Designate Type of Com		X ; ;	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.3.7.0.
11-12-66	12-20-66	2630	2626 Tubing Depth
Proci	Name of Producing Formation	Top Oil/Gas Pay 1316'	2100'
	A.Yeso S.A. Yeso	<u>لي من من المن المن المن المن المن المن الم</u>	Depth Casing Shoe
Perforations	-2150,1970-1824',1693-16	SAF JARD-IRIAFIUM	00001
2540-2572,2275-		CEMENTING RECORD	. 1 . 1
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLESIZE	8-5/8" 24# J-55	1065'	450
11"	5-1/2" 15.50# J-55		450
7-7/8"	<u> </u>	<u> </u>	
V. TEST DATA AND REQUE	ST FOR ALLOWARLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-
V. TEST DATA AND REQUE OIL WEI		pth or be for full 24 hours)	
Date First Low Oil com To Tan	ks Date of Test	Producing Method (Flow, pump, go	as lift, etc.)
12-20-86	12-28-66	Pumping	
Length of The L	Tubing Pressure	Casing Pressure	Choke Size
24 678.		E Mercura (TSN)	Gas-MCF
Anui	Oil-Bbls.	Water-Bbls.	Ges-MCF TSTM
96 bbls Eluid	56	40 1.4	
CAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Frod. Test-MCF/D	Length OF rest	Loto, Condenouto/ Milliot	
Testing Method (pitot, back pr.	/ Tubing Pressure	Casing Pressure	Choke Size
, cound menor (parts, back pr.	· · · · · · · · · · · · · · · · · · ·	-	
	н Настания	OIL CONSER	RVATION COMMISSION
VI. CERTIFICATE OF COMP	LANDE		of some some
Y. Barana B. S. Marana and S. Marana. And S. Marana and S. Marana. And S. Mara	wind regulations of the Oil Conservation	APPROVEDAN 3	, 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1.1 a harant	
above is true and complete	to the best of my knowledge and belief.	BY	NARCATO D
		TITLE OIL AND GAS !!	ISPECTUR
γ ,	7		in compliance with RULE 1104.
Richard C.	hour	This form is to be filed	allowable for a newly drilled or deepened
Michard C.	(Signature)	well this form must be acco	ompanied by a tabulation of the deviation
Ceologi:		tests taken on the well in a	accordance with RULE 111.
	(Tille)	All sections of this for: able on new and recomplete	n must be filled out completely for allow-
12-30-66	· · · · · · · · · · · · · · · · · · ·	Fill out Sections I. II.	III, and VI only for changes of owner.
•	(Date)	well name or number, or tran	sporter, or other such change of condition.
			representation of the second second second second second

well name or number, or transportes or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.